



Oregon Health Authority - April 2020

2019 Adult Mental Health Survey Report

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Executive Summary

An estimated 155,000 Oregonians receive mental health services through Oregon Medicaid.¹ Of these, roughly 110,000 were adults age 18 years or older, 108,000 (98.2%) of whom received services only in an outpatient setting and 2,000 (1.8%) of whom received services in a residential setting.

To ensure these services meet the needs of Oregonians, and to meet federal requirements, the Oregon Health Authority (OHA) contracts with HealthInsight Assure to administer mental health services satisfaction surveys to adults who received Medicaid-funded mental health services in outpatient, psychiatric residential, or psychiatric day treatment settings.

Both the outpatient and residential surveys asked questions under the following domains:

- Access
- Daily functioning
- General satisfaction
- Outcomes
- Participation
- Quality/appropriateness
- Social connectedness

As well as additional questions regarding living situation, employment, trauma and other areas. Below are highlights from the 2019 surveys, as well as trends from our comparison of 2019 results to survey results since 2015.

Summary of Outpatient Results

Statewide, 2,360 adults responded to the 2019 outpatient survey for a response rate of 19.7%. The majority (66.4%) completed the survey online, receiving a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

Treatment satisfaction

- In 2019, adults receiving care in outpatient settings were most satisfied with their service quality (80.8%) and reported general satisfaction (78.9%) in their care. There has been a statistically significant upward trend in satisfaction in 6 of the 7 domains since 2015. There has not been a significant upward or downward trend in the domain of general satisfaction.

¹ This number is the total from which the survey sample was pulled and includes those members who had two or more visits during the survey timeframe.

Treatment expectations and outcomes

- “Becoming less anxious or fearful” (75.8%) and “feel better about myself” (75.7%) were the most common expectations from those seeking mental health treatment as well as the most commonly realized outcomes.

Current mental health treatment

- In 2019, 33.1% of surveyed adults reported that they were no longer receiving mental health services. Of these, 35.1% reported that they no longer needed mental health services because the cause had been addressed. While 11.0% stopped treatment because it was not working as well as expected, this result has had a significant downward trend ($p < 0.01$) since 2015.

Summary of Residential Results

Statewide, 293 adults responded to the 2019 residential survey for a response rate of 18.7%. Most (82.3%) completed the survey on paper and returned it by mail, while the remainder completed the survey online.

Housing has increased significantly as a reported reason for being in a residential facility.

Reasons for Residential Treatment

In 2019, the most commonly reported reasons for why an adult was in residential treatment were:

- I need help taking care of myself (39.4%)
- I need housing (38.9%)
- I want mental health treatment so that I can get better (34.6%)

Participants could choose more than one reason for being in residential treatment. There has been a significant upward trend ($p = 0.01$) in adults reporting, “I need housing” as a reason for being in a residential facility.

Progress in Treatment

- Almost two-thirds (63.0%) of survey participants reported making progress in their mental health during treatment.
- When asked if they felt ready for more independent living,

- 39.8% said “yes”
- 44.7% said “no”
- 15.5% said they were “not sure”

There has been a statistically significant increase ($p=0.03$) in adults who reported being “worried I would not receive the help they need” as the reason they were not ready to leave the treatment facility.

Trauma

- In 2019, 48.2% of participants reported being asked about their history of trauma when they began seeing their mental health provider.
- Of those adults who have experienced trauma, roughly one-third (33.6%) felt their trauma was adequately addressed during treatment, one-third (31.8%) felt it was not adequately addressed and one-third (34.6%) were not sure.
- Since 2015, there has been a downward trend ($p<0.01$) in the number of adults who felt their trauma had been adequately addressed during treatment.

Current and previous living situation

- In 2019, 41.6% of survey participants were currently living in a mental health residential treatment facility, and 46.2% reported living in one in the last year.
- There has been a statistically significant ($p=0.03$) downward trend in the number of adults who reported living in a residential treatment facility or home in the last year. This downward trend ($p<0.01$) continues amongst those who listed a residential treatment facility as their current residence.

Introduction



Patient feedback on their experience of care is a critical component of quality improvement. The Mental Health Statistics Improvement Program (MHSIP) designed and validated adult outpatient and residential surveys to measure adults' perceptions of the quality and efficiency² of their mental health services.³ The National Association of State Mental Health Program Directors has endorsed Version 1.2 of the survey (the version OHA adapted). Since 2006, OHA has contracted with HealthInsight Assure to administer the survey annually to adults receiving state-funded mental health services in outpatient or residential settings.

This report details the survey administration methodology and a summary of statewide results, with results specific to coordinated care organizations (CCOs) and certified community behavioral health clinic (CCBHCs) presented in the appendices. CCOs will receive their own raw data from OHA.

² Ganju V, Smith ME, Adams N, et al. *The MHSIP Quality Report: The Next Generation of Mental Health Performance Measures*. Rockville, MD: Center for Mental Health Services, Mental Health Statistics Improvement Program, 2005.

³ MHSIP is supported by the Center for Mental Health Services, an agency within the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Methodology



The Surveys

The outpatient and residential surveys contained 57 and 62 questions, respectively. In addition, many questions had multiple parts and can be referenced in the surveys in Appendix A. The endorsed MHSIP questions (n=37) were identical on the two surveys, and grouped into seven domains:

- General satisfaction
- Access to services
- Service quality
- Daily functioning
- Social connectedness
- Treatment participation
- Treatment outcomes

OHA expanded both the outpatient and residential surveys by adding questions on:

- Treatment status
- Treatment expectations and actual results
- Arrest histories before and after treatment
- Current employment status
- Current income source
- Current and recent residence
- Whether the respondents had primary care providers
- Whether their doctors or mental health care providers discussed certain health topics with them, including weight loss and smoking
- Trauma screening
- Service coordination (communication between different service providers who have a shared client)
- Assistance by mental health providers with obtaining housing and employment
- Assistance by mental health providers during mental health crises

OHA expanded the residential survey with additional questions on:

- Reasons for living in a residential facility
- Types of services received
- Progress made while living there
- Readiness for more independent living

Sample

The outpatient survey was sent to a sample of adults (n=13,774) who had received state-funded mental health services only in an outpatient setting (including primary care settings) from April 1, 2018, through April 30, 2019, as identified by encounter data from OHA's Medicaid Management Information System. Enrollees who were 18 years of age or older and had two or more mental health service encounters in that timeframe were eligible for inclusion in the survey sample.

The residential survey was sent to all adults (n=1,985) who received at least one day of treatment services in a residential or adult foster care facility identified in the same manner.

OHA classified the adults by the highest setting in which they received mental health services. That is, if an adult received both residential and outpatient services within the sampling time frame, they would receive the residential survey.

OHA pulled the samples in July 2019, over-sampling minority race and ethnic populations and those residing in rural or frontier communities in order to ensure those groups were represented. OHA made every effort to include at least 500 adults from each CCO in the

sample, and at least 300 adults from each CCBHC. For smaller CCOs or CCBHCs that did not serve 500 adults, 100% of those member populations were included in the sample.

Survey Administration

Each adult received up to three letters by U.S. mail encouraging survey completion. HealthInsight Assure mailed letters to eligible adults in August 2019 informing them about the survey. The letters instructed recipients how to access the online survey using a unique password, and informed recipients that they would receive a paper questionnaire by mail if they did not complete the online survey within three weeks. Letters sent to adults receiving outpatient services offered them a \$10 Starbucks or Amazon gift card as an incentive for completing the survey online.

The letters and surveys were sent in both English and Spanish, depending on the adult's language preference identified in the state enrollment data. See Appendix A for English and Spanish versions of the surveys.

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who had requested to opt out, HealthInsight mailed a follow-up letter and paper survey form to non-responding adults in September 2019. HealthInsight mailed a second follow-up letter and paper survey form to non-responding adults in October. Each time, recipients were offered the incentive for completing the survey online and provided a self-addressed and postage-paid return envelope. Starting in November 2019, HealthInsight began making phone calls to non-responding adults to remind them to complete the survey, or to complete it with them over the phone. Between October and December, HealthInsight attempted to contact 605 adults who had received the outpatient survey but had not completed the survey. However, due to outdated contact information or voicemail boxes that were not working, HealthInsight could reach only 377 by phone. Survey entry closed on December 31, 2019.

All survey responses are confidential. Refer to Appendix B for survey data security and quality assurance procedures.

Weighting and Analysis

HealthInsight applied post-stratification weights to each survey respondent. Post-stratification weighting ensures that the results of this survey are generalizable to the population of interest: all adults age 18+ receiving state-funded mental health services with at least two encounters.

Most results are presented as weighted frequencies with chi-square tests applied, where applicable, to identify statistically significant differences between respondent groups. Trending of specific item results are presented as unweighted percentages. A test of trend, called the Cochran-Armitage Trend Test, was applied to identify significant upward or downward trends over time.

While most MHSIP and OHA-added survey items have remained unchanged over the last several years, this is the second year that results have been weighted; therefore, weighted trending is unavailable. Weights have been applied to all single-year frequency tables. See Appendix C for a full explanation of our weighting methodology and R program code used to weight the adult outpatient results.

Survey Limitations

Patient experience of care surveys are immensely valuable, though they do come with some notable limitations. While the MHSIP domain portions of the survey have remained untouched, OHA has added and removed additional questions over the years. These added questions have not been validated, and it is unknown what effect, if any, they have on the validity of the preceding MHSIP items.

The length of the survey may deter some potential respondents. With 10 printed pages for the English versions and 11 pages for the Spanish versions, the surveys may take significant time to complete, especially for some respondents with mental or cognitive challenges. Additionally, mental or cognitive challenges may have affected the respondents' ability to understand and respond accurately to some questions. Caregivers are allowed to assist survey participants, but must indicate their involvement at the beginning of the survey. It is unknown how this may influence a participant's responses. As with any survey, these results are not intended to be an end in themselves, but rather a starting point to provide insight and prompt readers to explore further with their own analyses or additional data collection, such as interviews.

The survey sampling and administration timeline has shifted over time, from summer to fall. As a result, respondents may be answering questions about events in the more distant past than in the previous years. The more time that passes between receipt of mental health services and survey completion can cause recall bias, which may influence results. Both the outpatient and residential survey participants have shown a downward trend (both, $p < 0.01$) among those who currently receiving mental health care.

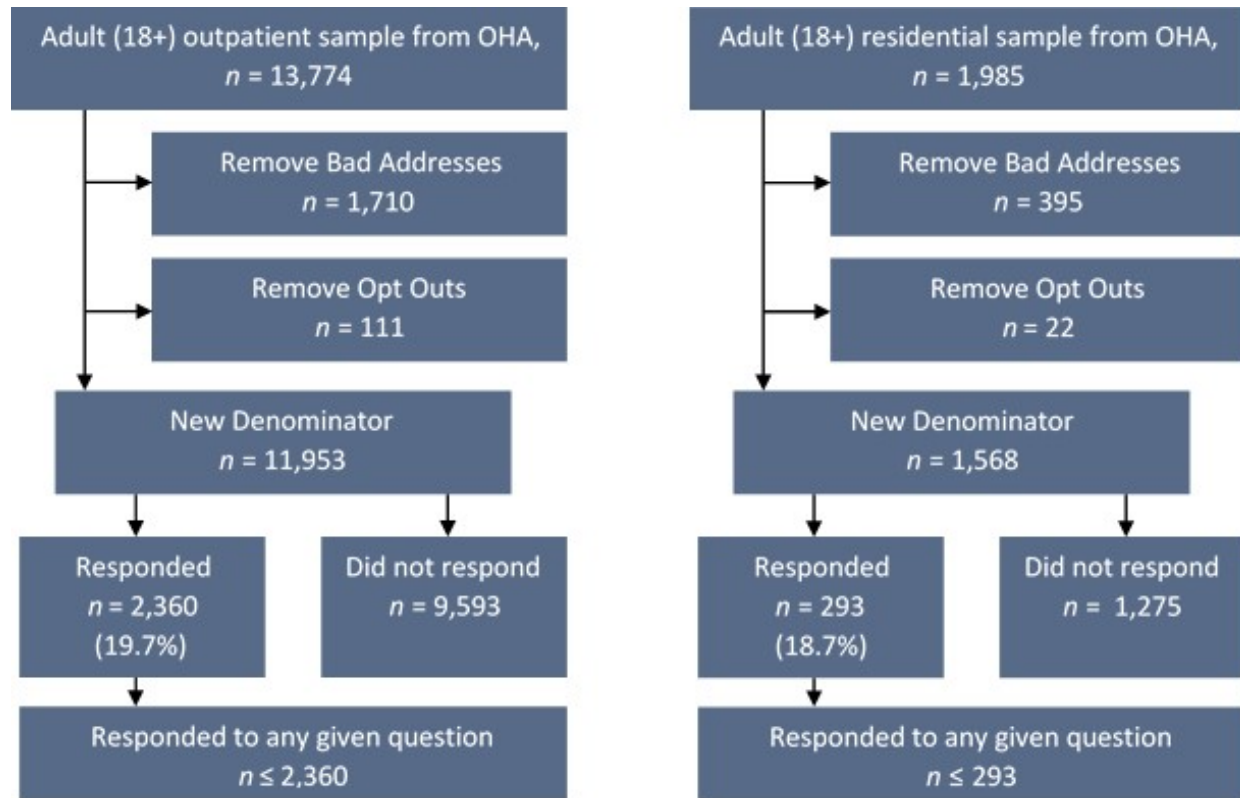
Response



Statewide, the response rate was **18.7% for the residential survey** and **19.7% for the outpatient survey**.

These rates were adjusted for bad addresses and those who opted out of the survey. Bad addresses were identified before the initial mailing due to participants listing “homeless” or invalid addresses. After the initial mailing, bad addresses were removed when letters or surveys were returned. However, if they were returned with an address change, then the survey was mailed to the new address. Individuals were able to opt-out, or refuse participation, by calling or emailing HealthInsight. See Figure 1 for details.

Figure 1. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Response rates varied according to respondent demographics. See Table 1 for details.

Table 1. Response Rate for Outpatient and Residential Respondents.

Demographic		Adult Outpatient	Adult Residential
Age	18 to 25	16%	13%
	26 to 64	20%	19%
	65+	23%	20%
Race	American Indian or Alaskan Native	14%	10%
	Asian	18%	14%
	Black or African American	16%	16%
	Hispanic	12%	22%
	Native Hawaiian or Pacific Islander	25%	22%
	White	21%	20%
	Unknown	19%	12%
Gender	Female	22%	21%
	Male	16%	17%

Did Not Receive Mental Health Services

The procedure codes used by OHA to identify individuals who received mental health services included personal care services, which can include either a mental health or non-mental health service and substance use disorder services, which do not necessarily accompany a mental health diagnosis. The inclusion of these service codes in the sample may have inadvertently included some individuals who did not receive mental health services. If these individuals responded to the survey, their answers may not reflect the experience of those receiving mental health services. If these individuals did not respond to the survey, the response rate may appear artificially low. HealthInsight Assure and OHA are working together to ensure these codes are not included in future samples.

Outpatient Results



Demographics

In 2019, 2,360 adults returned an outpatient survey with at least one question answered. Most respondents (66%) completed the survey online. Table 2 summarizes respondents' self-reported race and gender, along with state-identified ethnicity, age and urban or rural location.

Table 2. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic		Respondents
Race	American Indian or Alaskan Native	3%
	Asian	1%
	Black or African American	2%
	Hispanic	7%
	Multiracial	3%
	Native Hawaiian or Other Pacific Islander	1%
	White	64%
	Other	1%
	Unknown	18%
Ethnicity	Hispanic	4%
	Not Hispanic	62%
	Unknown	33%
Gender	Female	61%
	Male	31%
	Transgender	7%
	Other	1%
Age	18 to 25	16%
	26 to 64	80%
	65+	4%
Location	Urban	31%
	Rural	63%
	Frontier	6%
	Unknown	1%

A separate question asked respondents to select the race(s) they identified with and allowed them to select multiple options. In response to this,

- 79.0% of respondents identified as “white”
- 28.4% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or Northern African
 - Native Hawaiian or Other Pacific Islander
- 15.6% declined to answer or selected “Unknown” or “Other” race

These totals do not equal 100% because respondents could select more than one race category. Race from Medicaid enrollment forms over-estimate white identities within respondents when compared to self-identified race. For example, among those who self-identified as Hispanic, 38.2% were identified as Hispanic in Medicaid enrollment data. Among those who self-identified as American Indian or Alaskan Native, 29.0% were identified as such in Medicaid enrollment data. Among those who identified as Black or African American, only 41.7% were identified as Black in the Medicaid enrollment data.

Treatment Status

At the time of the survey, 61.6% of respondents were still receiving mental health services. Among those who were no longer receiving services, most (35.1%) indicated they no longer needed treatment because the problem that led to treatment was resolved. Others were no longer receiving services due to problems with transportation (4.1%), paying for treatment (3.9%), or finding time for treatment (7.7%). Some respondents (11.0%) reported stopping treatment because they felt it was not working as well as expected.

The percentage of respondents who were receiving mental health services at the time they completed the survey has trended significantly downward ($p < 0.01$) since 2015. The survey sampling and administration timeline has shifted over time, from summer to fall. As a result, respondents may be answering survey items about events in the more distant past than in the previous years, which may be a contributing factor.

Domain Satisfaction

- Quality/Appropriateness (80.8%) domain had the highest rate of satisfaction in 2019.
- Outcomes (54.4%) and Daily Functioning (54.6%) had the lowest levels of satisfaction.

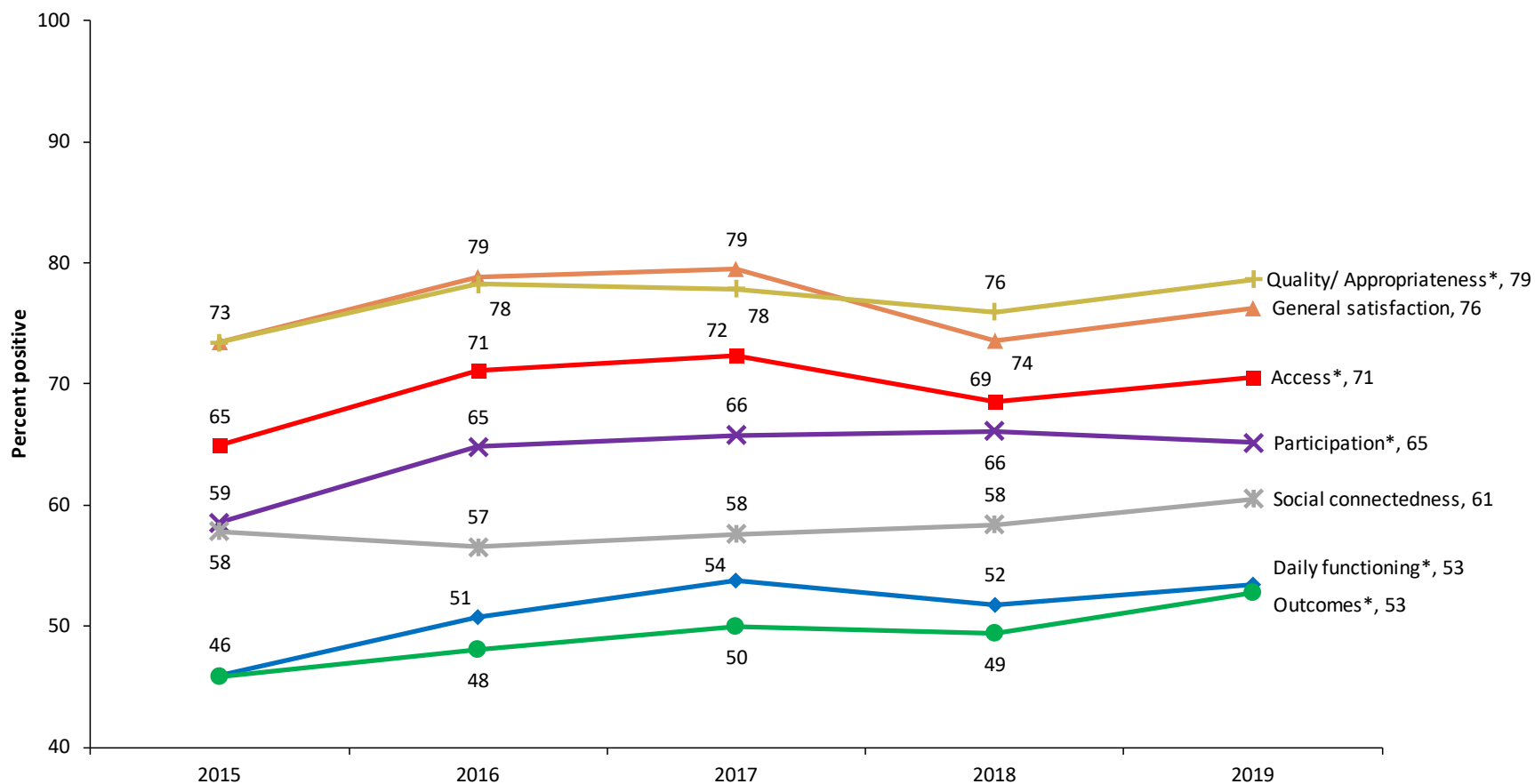
Table 3 summarizes statewide domain satisfaction. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

Table 3. Weighted Domain Satisfaction.

Domain	Satisfied
Access	72.3%
Daily functioning	54.6%
General satisfaction	78.9%
Outcomes	54.4%
Participation	67.4%
Quality / Appropriateness	80.8%
Social connectedness	61.6%

As shown in Figure 2, satisfaction has trended upward in the domains of social connectedness ($p=0.02$), daily functioning ($p<0.01$), treatment outcomes ($p<0.01$), participation ($p<0.01$), and quality/appropriateness ($p<0.01$). The domain of access has had an overall upward trend ($p=0.01$) since 2015.

Figure 2. Outpatient Survey Domain Satisfaction Trends: 2015–2019.



*Indicates a statistically significant upward or downward trend ($p \leq 0.05$) over time for that domain.

Note: Trending of specific item results are presented as unweighted percentages in this graph. See the Weighting and Analysis section for more explanation.

While domain satisfaction has largely trended either upward or remained stable since 2015, there were several demographic groups who reported significantly higher levels of satisfaction when compared to each other.

In 2019, urban participants were significantly more satisfied than their rural or frontier counterparts in

- general satisfaction ($p < 0.01$)
- participation ($p < 0.01$)
- quality/appropriateness ($p < 0.01$)
- treatment outcomes ($p = 0.03$)

Urban participants have shown an upward trend in all domains except for general satisfaction which has remained stable. Rural participants have trended upward in most domains except for social connectedness and general satisfaction which has shown no significant trends.

Respondents who were identified in state data as non-white were more satisfied in daily functioning ($p < 0.01$), participation ($p = 0.03$), and social connectedness ($p < 0.01$) than those of a white or “unknown” race. Those who were identified as having an unknown race were more satisfied with treatment outcomes ($p < 0.01$) than non-white or white participants. In line with these results, respondents identified in state data as Hispanic were more satisfied with daily functioning ($p < 0.01$) and social connectedness ($p = 0.02$), while those identified as non-Hispanic were the least satisfied with these domains. Those who completed the survey in Spanish were more satisfied in all domains compared to those who completed the survey in English.

When comparing domain satisfaction across age groups, respondents who were older than 65 years were statistically more satisfied, compared to those ages 18–25 or 26–64, in the following domains:

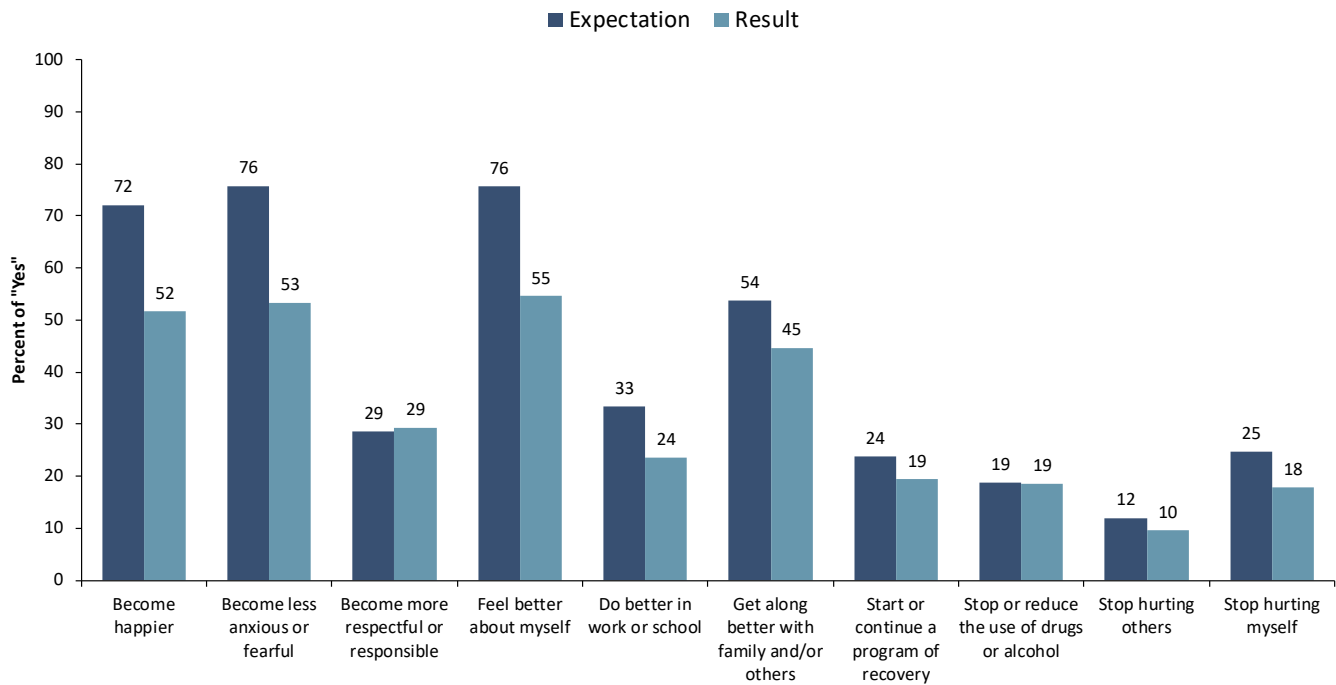
- access ($p < 0.01$)
- daily functioning ($p = 0.03$)
- general satisfaction ($p = 0.03$)
- participation ($p < 0.01$)
- treatment outcomes ($p = 0.01$)

Those in the 26–64-years age group reported the lowest levels of satisfaction in the domains of daily functioning, general satisfaction, participation and treatment outcomes. The 65-plus age group has shown an upward trend in the participation domain ($p = 0.03$), with no other significant trends.

Expectation and Results

The most frequently reported expectations of mental health services were to become less anxious or fearful (75.8%) and to feel better about oneself (75.7%). These were also the most commonly realized outcomes. Figure 3 summarizes expectations and results of mental health services.

Figure 3. 2019 Respondent Expectations of Treatment vs. Results.



Since 2015, respondent expectations of services have shifted. The expectations of doing better in work or school, becoming less anxious or fearful, becoming happier, and to reduce the use of drugs or alcohol have trended significantly upward since 2015. There has been a significant downward trend in the percentage of respondents who expected to become more respectful or responsible, to get along better with family and/or others, start or continue a program of recovery, and to stop hurting others or themselves.

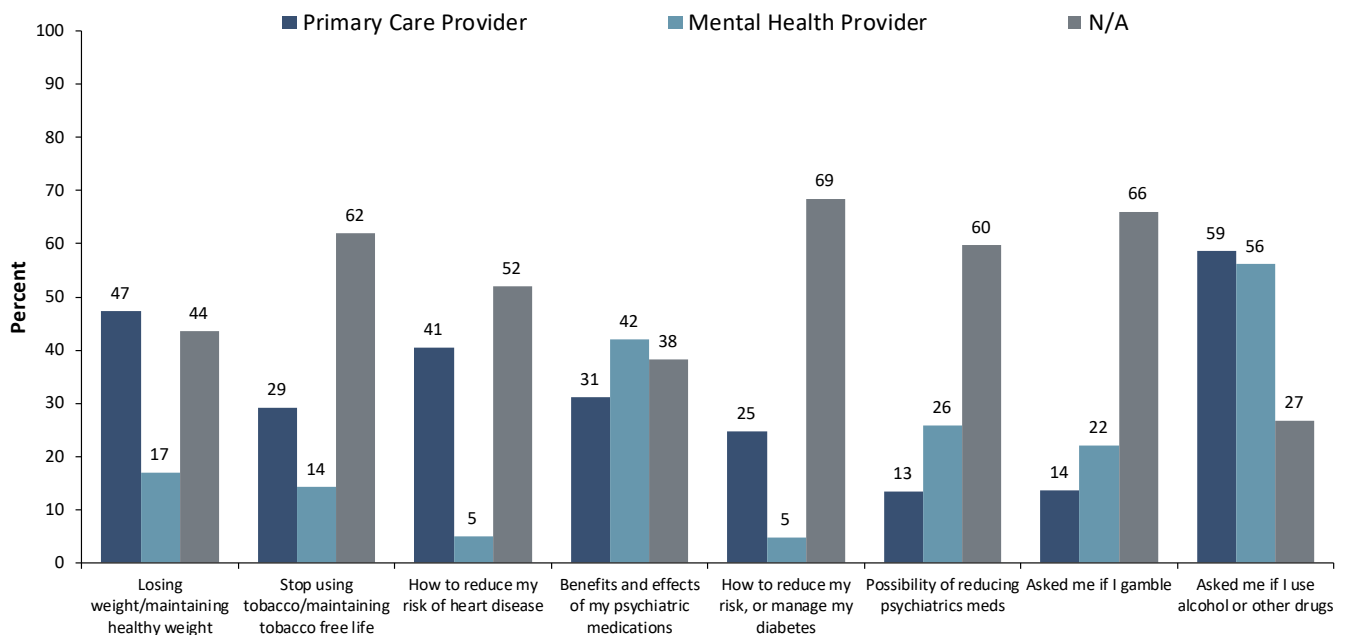
There has been an upward trend in those who saw positive results in becoming happier, doing better in work or school, and reducing or stopping drugs or alcohol. There were no statistically significant trends in the other categories.

Care Providers

Primary care providers are important to maintaining good mental and physical health. Among respondents, 85.5% reported having a primary care provider who gives them checkups, routine medical care and advice.

Figure 4 presents the percentage of respondents who indicated that their primary care or mental health provider talked with them about each issue.

Figure 4. 2019 Responses to the question: Did your provider talk to you about these issues?



Conversations about various health topics appear to be increasing among physical health care providers. Since 2015, there has been a significant downward trend in the percentage of respondents whose mental health service provider talked with them about diabetes and the side effects of psychiatric medications; however, there has been an upward trend of discussions about gambling, the use of alcohol or drugs, and stopping tobacco/maintaining tobacco free life.

Coordination of Care

Respondents were asked about the coordination of their care between their mental health service provider and other providers. Excluding those who did not need or receive other services, respondents were most satisfied with coordination with hospitals (77.1% satisfied or strongly satisfied) or a physical health provider (80.7% satisfied or strongly satisfied).

Of respondents who needed but did not receive a service, employment services were most frequently indicated (21.4%).

There has been a downward trend in satisfaction with care coordination services with other mental health providers ($p=0.01$), developmental disabilities ($p<0.01$), Aged and Physical Disabled Services ($p<0.01$), employment services ($p=0.03$), and physical health providers ($p=0.05$). The percentage of respondents who needed but did not receive other service types has remained stable.

Trauma

Most respondents (68.9%) had been asked about their history of trauma, and 50.5% felt that problems related to their trauma had been adequately addressed.

The percentage of respondents whose provider asked about their history of trauma has trended significantly upward since 2015.

However, respondents who identified as male were significantly less likely to be asked about their history of trauma ($p=0.01$) as well as less likely to have their problems related to trauma adequately address during treatment ($p<0.01$) than those to identified as female or transgendered.

Peer-Delivered Services

Only 11.6% of respondents had ever used peer-delivered services, but among those, 81.7% thought those services were helpful. There has been an upward trend ($p=0.05$) in respondents who use these services.

Crisis

Over one-third (35.7%) of adults receiving mental health services needed assistance as the result of a mental health crisis. Of those who needed assistance:

- 73.8% were satisfied with the response of their mental health provider
- 71.3% were satisfied with the response from other mental health services in their community

The percentage of respondents who needed assistance as the result of a mental health crisis has trended significantly downward in the last five years, from 47.9% in 2015 to 42.5% in 2019. The percentage whose mental health provider or other community programs helped them satisfactorily has remained stable.

Housing

Housing is an important part of maintaining good mental health. In 2019, 26.5% of respondents wanted or needed housing or better housing. At the time of the survey, 58.8% of respondents owned or rented their own home or apartment and 26.9% lived in someone else's home or apartment.

In the last 12 months, some respondents had

- been homeless (5.5%)
- lived in a residential substance abuse, skilled nursing or other treatment facility (5.3%)
- lived in one of the following:
 - jail or correctional facility (2.7%)
 - crisis program (0.8%)
 - medical hospital (1.3%)
 - psychiatric hospital (1.5%)

In 2019, 12.7% of respondents were connected to Supported Housing or Rental Assistance, while 11.1% of respondents received Supported Housing services.

The percentage of respondents who wanted or needed housing or better housing has remained stable over time; as well as those who wanted and received bettering housing or were offered housing choices by a service provider.

Since 2015, there has been a significant upward trend in respondents who currently live in someone else's home or apartment ($p < 0.01$). Most other living situations (homeless, jail, hospital, etc.) have remained stable, while residential treatment facility ($p = 0.03$) and own home or apartment ($p = 0.01$) has trended downward.

Homelessness in the past 12 months has trended upward.

Time in a correctional institute in the last 12 months has trended upward.

There has been an upward trend in those who reported being homeless ($p = 0.02$), having been in a correctional institute ($p = 0.04$), residential substance abuse treatment program ($p < 0.01$), and someone else's home or apartment ($p < 0.01$) in the last 12 months. There has been a downwards trend in those who reported being in a medical hospital ($p = 0.02$).

Employment

Nearly half of respondents (45.4%) were unemployed, 29.4% were competitively employed working 1 to 35+ hours per week, 6.1% were self-employed, 3.2% performed volunteer work, and 15.9% indicated “other” employment status. Nearly one-third of respondents (31.0%) wanted a job or a better job and 14.1% found a job or a better job.

The percentage of respondents who are currently employed has trended significantly upward in the last five years.

The percentage of respondents who were currently employed, and working more than 35 hours per week, has trended significantly upward ($p<0.01$) in the last five years. There has also been an upward trend ($p=0.03$) in those who are unemployed but actively looking for work.

Those who are unemployed and not looking for work has trended downward ($p<0.01$) during this time period, which may indicate more people looking for, and finding, employment. The percentage of respondents who volunteer has remained stable during this time period.

The percentage of respondents who wanted or needed a job or a better job has trended down ($p=0.02$) since 2015 while those who were satisfied with their employment as trended upward ($p=0.03$). Those who received help finding a job, or actually found a job has remained stable over this time period.

One third (31.0%) of respondents reported wanting or needing a better job, while 12.7% reported that their service provider tried to help them find a new or better job.

14.1% of respondents reported finding a new or better job.

Income

Nearly one-third of respondents (31.4%) earned income through employment, while 18.7% had no income source. Entitlement programs were a common source of income, including Supplemental Security Income (18.5%), Social Security Disability Insurance (17.4%) and Temporary Assistance to Needy Families (4.3%).

Given this trend of increased employment, it is not surprising that the percentage of respondents with income from earned employment has trended significantly upward from 23.0% in 2015 to 30.4% in 2019, while the percentage of respondents with income from Social Security Disability Insurance or Supplemental Security Income has trended significantly downward ($p<0.01$). Those who received support from Temporary Assistance to Needy Families was trended upward ($p=0.03$). Somewhat paradoxically, the percentage of respondents with no income source has trended significantly upward from 16.3% in 2015 to 19.5% in 2019.

Law Enforcement

While 87.0% of respondents had never had encounters with police, 7.9% reported their encounters with police decreased after they began receiving mental health services, while 1.7% reported an increase in police encounters. Similarly, 9.6% of respondents reported being arrested in the year before they began seeing their most recent mental health service provider, while 3.7% reported being arrested in the year after they began seeing that provider.

There has been a statistically significant trend upward in both the number of respondents who reported being arrested in the 12 months before they started receiving treatment ($p<0.01$) and those who reported being arrested in the 12 months after they started receiving treatment ($p=0.03$).

Residential Results



Demographics

In 2019, 293 adults returned a residential survey with at least one question answered. Most respondents (82%) completed the survey by paper. Self-reported race and gender of respondents are summarized in Table 4, along with ethnicity, age, and urban or rural location.

Table 4. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic		Respondents
Race	American Indian or Alaskan Native	5%
	Asian	2%
	Black or African American	2%
	Hispanic	1%
	Multiracial	9%
	Native Hawaiian or Other Pacific Islander	1%
	White	60%
	Other	2%
	Unknown	17%
Ethnicity	Hispanic	3%
	Not Hispanic	94%
	Unknown	3%
Gender	Female	38%
	Male	55%
	Transgender	3%
	Other	1%
Age	18 to 25	4%
	26 to 64	80%
	65+	16%
Location	Urban	65%
	Rural	30%
	Frontier	5%
	Unknown	1%

A separate question asked respondents to select the race(s) they identified with and allowed them to select multiple options. In response to this:

- 75.7% of respondents identified as white
- 44.6% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino

- Middle Eastern or Northern African
- Native Hawaiian or Other Pacific Islander
- 14.7% declined to answer or selected unknown or other race

These totals do not add to 100% because respondents could select more than one race category.

Race from Medicaid enrollment forms under-estimate identities within respondents when compared to self-identified race. For example, among those who self-identified as American Indian or Alaskan Native, 6.3% were identified as such in Medicaid enrollment data.

At the time of the survey, 91.6% of respondents were still receiving mental health services. Among those who were no longer receiving services, most (51.6%) indicated they no longer needed treatment because the problem that led to treatment was resolved.

The percentage of respondents who were receiving mental health services at the time they completed the survey has trended downward ($p<0.01$) since 2015. Survey respondents who reported not knowing if they were currently receiving mental health care has trended upward ($p<0.01$). Results for items that rely on memory are less likely to be consistent over time.

The percentage of respondents who were receiving mental health services at the time they completed the survey has trended downward ($p<0.01$) since 2015.

General satisfaction (78.7%), access (77.4%) and quality/appropriateness (73.6%) have consistently had the highest levels of satisfaction since 2015.

Domain Satisfaction

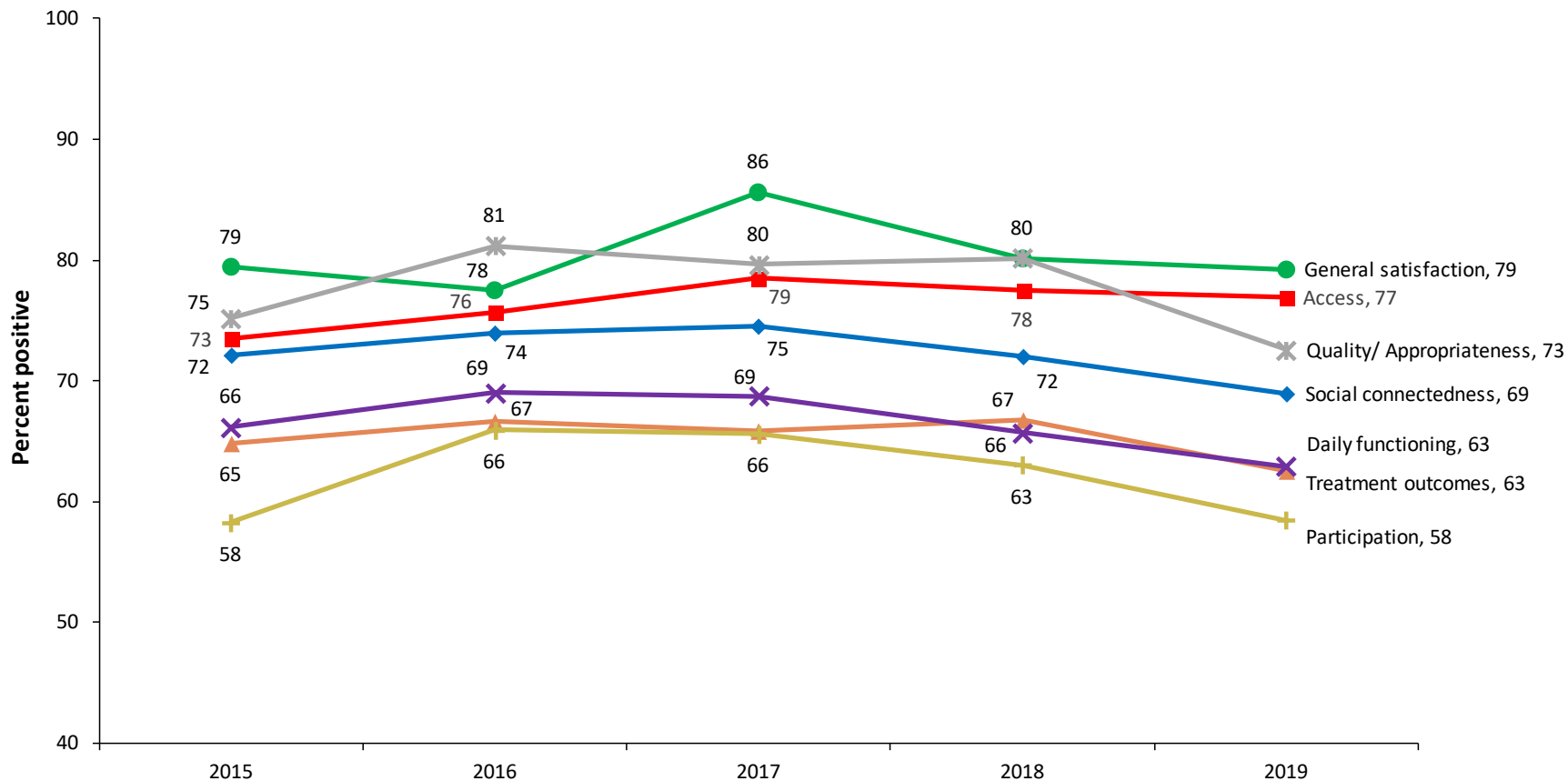
Satisfaction was highest in the general satisfaction domain (78.7% satisfied) and lowest in the treatment participation domain (58.0%). Table 5 summarizes statewide domain satisfaction.

Table 5. Weighted Domain Satisfaction.

Domain	Percent Satisfied
Access	77.4%
Daily functioning	62.8%
General satisfaction	78.7%
Outcomes	63.8%
Participation	58.0%
Quality / Appropriateness	73.6%
Social connectedness	68.2%

Statewide, satisfaction has remained stable in all domains since 2015 without any significant upward or downward trends (Figure 5). However, when examined by gender, satisfaction in the daily functioning and quality/appropriateness domains has trended significantly downwards among male respondents ($p=0.02$).

Figure 5. Residential Survey Domain Satisfaction Trends: 2015–2019.



There were no statistically significant trends identified.

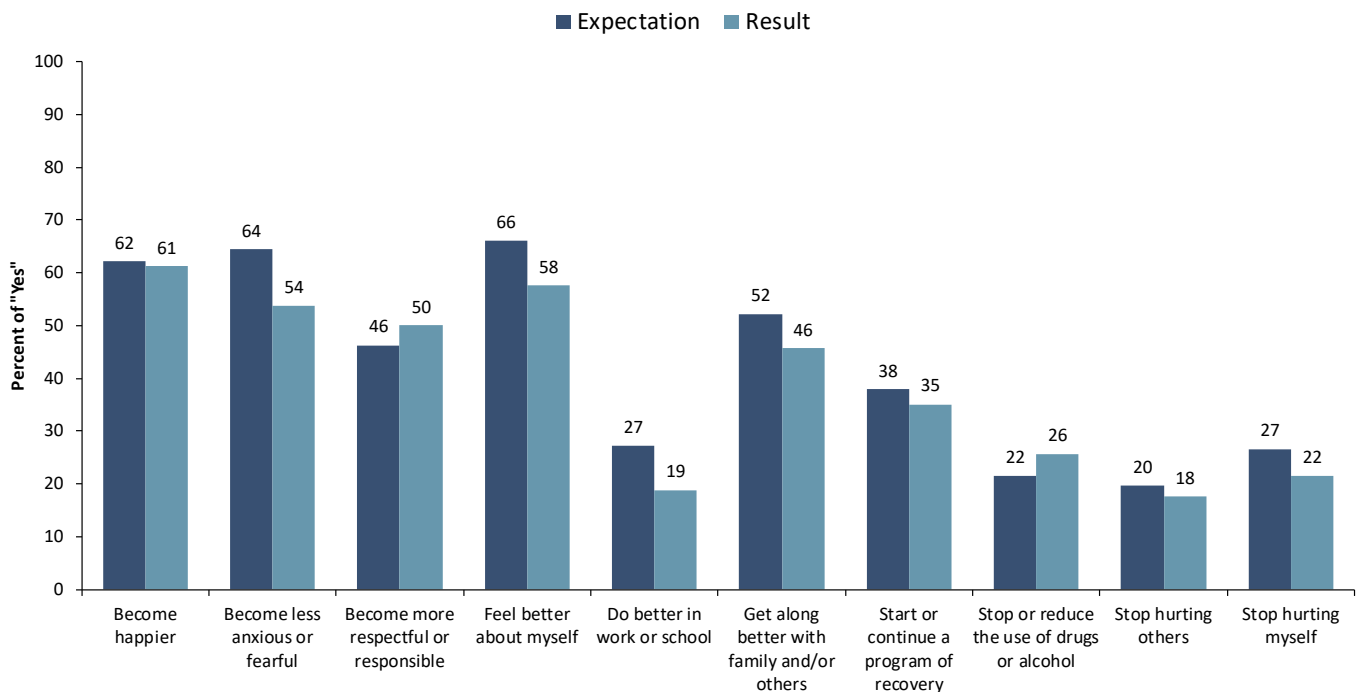
Note: Trending of specific item results are presented as unweighted percentages in this graph. See the Weighting and Analysis section for more explanation.

Expectation and Results

The most frequently reported expectations of mental health services were to feel better about oneself (66.1%) and to become less anxious or fearful (64.4%). Becoming happier (61.2%) and feeling better about oneself (57.6%) were the most common results of receiving mental health services.

Figure 6 summarizes expectations and results of mental health services.

Figure 6. 2019 Respondent Expectations of Treatment vs. Results.

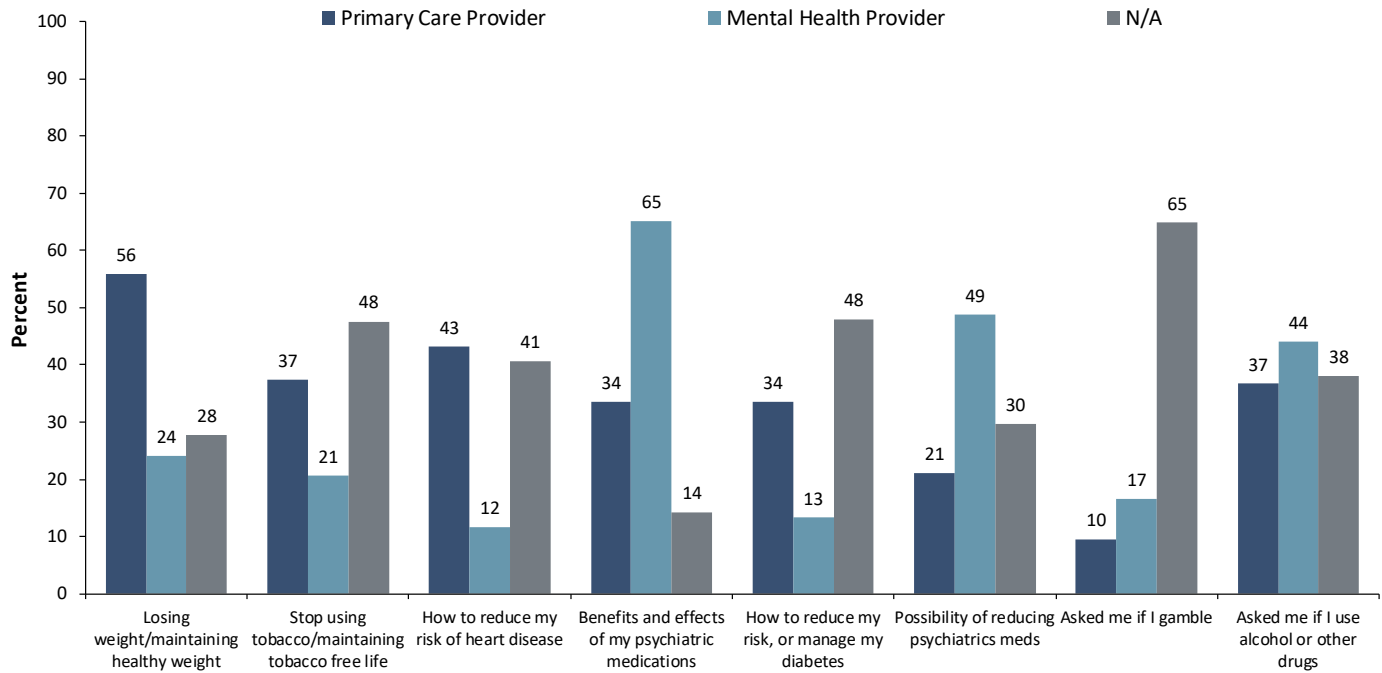


While there have been no significant trends in most service expectations and results since 2015, there has been a downward trend ($p=0.01$) among those reporting that they stopped hurting themselves.

Care Providers

Physical health care providers are important to maintaining good mental and physical health. Among respondents, 95.5% reported having someone who gives them checkups, routine medical care and advice. Figure 7 presents the percentage of respondents who indicated that their primary or mental health provider talked with them about each issue.

Figure 7. 2019 Responses to the Question: Did your provider talk to you about these issues?



There have been no significant upward or downward trends in any discussions between mental or physical health providers about the listed issues.

Coordination of Care

Respondents were asked about the coordination of their care between their mental health service provider and other providers. Excluding those who did not need or receive other services, respondents were most satisfied with coordination with their physical health provider (94.8% satisfied or strongly satisfied) and state or acute hospitals (93.5% satisfied or strongly satisfied). Of respondents who needed but did not receive a service, employment services were most frequently indicated (7.4%).

There has been a downward trend in satisfaction with care coordination with another mental health provider ($p=0.02$), but satisfaction with all other care coordination was remained stable since 2015.

In 2019, there has been a significant downward trend in those who reported needing but not receiving services from Corrections, Developmental Disabilities, Aged and Physically Disabled Services, Hospitals (all, $p<0.01$), and Drug and Alcohol Treatment ($p=0.02$).

Trauma

Half of respondents (48.2%) had been asked about their history of trauma, and 33.6% felt that problems related to their trauma had been adequately addressed. Since 2015, there have been no significant trends among those who responded “yes” or “no” to whether they had been asked about their history of trauma.

Those who reported experiencing trauma and feeling that any associated problem had been adequately addressed during treatment has trended downward ($p<0.01$) since the question was first added to the survey in 2016. There was no significant difference in outcomes between self-identified males and females. However, respondents identified in state data as males showed a downward trend in feeling that their trauma related problems had been adequately addressed ($p<0.01$).

Crisis

More than one-third of adults (40.1%) receiving residential mental health services needed assistance as the result of a mental health crisis. Of those who needed assistance, 72.9% were satisfied with the response of their mental health provider and 73.2% were satisfied with the help they received from mental health services in their community.

The percentage of respondents whose mental health provider helped them satisfactorily with a crisis has trended significantly downward since 2015 ($p<0.01$) while there has been a corresponding upward trend among those who were unsatisfied ($p<0.01$).

Housing

Housing is an important part of maintaining good mental health. In 2019, 42.4% of respondents wanted or needed housing or better housing and there has been an upward trend ($p=0.04$) in this response since 2015.

At the time of the survey:

- 41.6% of respondents lived in a mental health residential treatment facility
- 30.0% identified “other” living status
- 16.2% were living in their own home or apartment

In the last 12 months, respondents had lived in the following:

- 46.2% in a residential treatment facility
- 20.6% in an “other” living situation
- 17.1% owned or rented a home or apartment
- 14.0% in someone else’s home or apartment
- 15.0% in a psychiatric hospital

Few had been homeless (4.4%) or lived in a crisis program (3.8%).

Perhaps not surprisingly, more adults receiving residential services received assistance finding housing than adults receiving outpatient services (36.4% vs 12.7%). Adults receiving residential services received housing assistance through Supported Housing services. One-third of respondents (36.4%) were connected to Supporting Housing or rental assistance, and 35.9% received Supported Housing services.

There has been an upward trend ($p=0.01$) among those who reported needing housing as a reason for currently being in a residential treatment facility.

When asked if they felt ready for more independent living, 39.8% of respondents answered “yes,” 44.7% responded “no,” and 15.5% were not sure. Among those who were not ready for more independent living, the most common explanations were “I don’t have the skills to live on my own” (70.8%), “I like it here” (62.6%), “I am worried that if I leave I won’t get the help I need” (52.1%) and “I have lived on my own before and it did not work (46.1%).

There has been an upward trend in those who were not sure if they were ready for more independent living ($p=0.04$) and those who were worried they would not get the help they needed ($p=0.03$) if they left the residential facility.

When asked what their options would be if they were ready for more independent living, 38.3% of respondents indicated “living in my own apartment or home” and 33.6% reported “I don’t know.” The remainder indicated they could live with family or friends (14.7%) or “other” (14.2%).

Employment

Most respondents (78.8%) were unemployed, while one-third of respondents (30.7%) wanted a job or a better job and 8.6% found a job or a better job. Those that were employed reported the following employment data:

- 7.1% were competitively employed working 1 to 35+ hours per week
- 2.9% were self-employed
- 5.6% performed volunteer work
- 5.5% indicated “other” employment status

While the percentage of respondents who were competitively employed working 17 to 34 hours per week has trended significantly upward since 2015 ($p=0.01$), there have been no significant trends in the other categories of employment.

Income

Half of residential respondents (50.2%) receive income from Social Security Disability Insurance, 50.0% receive Supplemental Security Income, and 7.5% receive Social Security retirement. Surprisingly, out of alignment with the percentage of competitively employed respondents, only 6.0% cited earned employment as an income source.

Given this trend of increased employment, it is not surprising that the percentage of respondents with income from earned employment has trended significantly upward since 2015 ($p=0.02$), while the percentage of respondents with Supplemental Security Income ($p=0.04$) and Veteran disability payments ($p=0.01$) has trended significantly downward.

Law Enforcement

While 70.4% of respondents had never had encounters with police, 13.9% reported their encounters with police decreased after they began receiving mental health services, but 3.5% reported an increase in police encounters. Similarly, 12.2% of respondents reported being arrested in the year before they began seeing their most recent mental health service provider, while 5.8% reported being arrested in the year after they began seeing that provider.

There has been an upward trend ($p=0.03$) in the percentage of respondents who were arrested in the 12 months after seeing their mental health service provider. There has also been an upward trend among those whose encounters with police stayed the same ($p<0.01$).

Residential Treatment Services

Respondents were asked why they were in a residential treatment facility. The most common responses included:

- “I need help taking care of myself (39.4%)”
- “I need housing (38.9%)”
- “I want mental health treatment so I can get better (34.6%)”

The need for housing has trended upward since 2015.

There has not been a significant trend upward or downward in most responses for why respondents were in a residential facility; however, there has been a significant trend upward ($p=0.01$) in those who reported needed housing.

Respondents were also asked about their progress. Nearly two-thirds of respondents (63.0%) felt they had made progress with their mental health. Other common responses included activities of daily living (55.4%), self-care (51.7%), managing money (48.4%), physical health (44.7%), social and recreation (42.7%). There have been no significant upward or downward trends since 2015 in the percentage of respondents who felt that they had made progress with their mental health.

Service areas varied, but the most commonly cited services by adults receiving residential mental health services included

- medication management (67.0%)
- psychiatric visits (54.2%)
- support with activities of daily living (49.4%)
- social and recreational activities (39.4%)
- and care coordination (36.3%)

There have been significant downward trends in the percentage of respondents who received physical health counseling ($p=0.02$), social skills training ($p=0.04$), social or recreational activities ($p<0.01$), and support with activities of daily living ($p=0.02$).

Appendices



Appendix A: 2019 Survey Forms – English and Spanish



Survey ID: [Survey_ID]

To complete this survey online, go to: tinyurl.com/OHASurvey2019

Enter your Access Code: [Access Code]

Please check this box if, for any reason, this survey is being completed by someone other than [FIRST_NAME]. Thank you.

Relationship to [FIRST_NAME]: _____

Please tell us about the outpatient mental health services you received between April 1, 2018 and now. If you received services from more than one provider since **April 1, 2018**, then please rate only your **most recent** outpatient mental health service provider.

Please tell us if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each statement below by circling ONE appropriate number for each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<i>As a Direct Result of Services I Received from this Provider...</i>						
1. I deal more effectively with daily problems.	5	4	3	2	1	9
2. I am better able to control my life.	5	4	3	2	1	9
3. I am better able to deal with crisis.	5	4	3	2	1	9
4. I am getting along better with my family.	5	4	3	2	1	9
5. I do better in social situations.	5	4	3	2	1	9
6. I do better in school and/or work.	5	4	3	2	1	9
7. My housing situation has improved.	5	4	3	2	1	9
8. My symptoms are not bothering me as much.	5	4	3	2	1	9
9. I do things that are more meaningful to me.	5	4	3	2	1	9
10. I am better able to take care of my needs.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
11. I am better able to handle things when they go wrong.	5	4	3	2	1	9
12. I am better able to do things that I want to do.	5	4	3	2	1	9
<i>You should respond to the following items based on your experience with your most recent mental health provider.</i>						
13. I like the services that I received here.	5	4	3	2	1	9
14. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
15. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
16. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
17. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
18. Staff returned my call in 24 hours.	5	4	3	2	1	9
19. Services were available at times that were good for me.	5	4	3	2	1	9
20. I was able to get all the services I thought I needed.	5	4	3	2	1	9
21. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
22. Staff here believe my health can improve and I can recover.	5	4	3	2	1	9
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My most recent service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9

For questions 34-37, please answer for relationships with people other than your mental health providers.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
34. I am happy with the friendships I have.	5	4	3	2	1	9
35. I have people with whom I can do enjoyable things.	5	4	3	2	1	9
36. I feel I belong in my community.	5	4	3	2	1	9
37. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

38. How long have you received services from your most recent mental health provider?

- a. Less than 1 month
 c. 3-5 months
 e. More than 1 year
 b. 1-2 months
 d. 6 months to 1 year

39. Are you still receiving mental health services? *(If yes, skip to question 40)*

- a. Yes
 b. No
 c. Don't know

39a. If you are no longer receiving mental health services, please indicate why.

(Please check the ONE major reason why treatment ended)

<input type="checkbox"/> a. My problem was solved.	<input type="checkbox"/> d. I had problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working.	<input type="checkbox"/> e. I could not find time for treatment.
<input type="checkbox"/> c. I had problems with transportation.	<input type="checkbox"/> f. Other reason(s) (please describe):

40. Your provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help you?

My health provider worked with	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not need or receive these services	Needed but did not receive these services
Another mental health provider	5	4	3	2	1	9	8
Corrections	5	4	3	2	1	9	8
Developmental Disabilities	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services	5	4	3	2	1	9	8
Employment Services	5	4	3	2	1	9	8
Physical Health Provider	5	4	3	2	1	9	8
Hospitals (state, acute)	5	4	3	2	1	9	8

41. When I started receiving services from my provider, I hoped I would... (Please check all that apply)

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...get along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g. ...start or continue a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h. ...stop or reduce the use of drugs or alcohol.”
<input type="checkbox"/> d. ...feel better about myself.”	<input type="checkbox"/> i. ...stop hurting others.”
<input type="checkbox"/> e. ...do better in work or school.”	<input type="checkbox"/> j. ...stop hurting myself.”

42. Since I started receiving services, I have...

(Please check all that apply)

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...been getting along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g....started or continued a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h....stopped or reduced the use of drugs or alcohol.”
<input type="checkbox"/> d. ...been feeling better about myself.”	<input type="checkbox"/> i. ...stopped hurting others.”
<input type="checkbox"/> e. ...done better in work or school.”	<input type="checkbox"/> j. ...stopped hurting myself.”

43. Do you have someone who gives you checkups, routine medical care, and advice?

(This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

44. My primary care provider or mental health service provider has talked to me about:

(Please check all that apply)

Health Issues	Primary Care Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and side effects of my psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. During the time that you were seeing your most recent outpatient mental health service provider, did you need any of the following services: (Please check one answer for each question)

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing is affordable housing that may also provide rental assistance or on-site services such as healthcare or transportation services.*

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (see definition below)*	Yes	No	Not sure
46. When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. If you experienced trauma*, were the problems related to this trauma * adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

Peer Delivered Services (see definition below)*	Yes	No	Not sure
47. Have you ever used Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. If you have used Peer Delivered Services *, were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

48. Are you currently employed? (Please check one)

<input type="checkbox"/> a. Competitively employed* , working more than 35 hours per week	<input type="checkbox"/> e. Not employed, looking for work
<input type="checkbox"/> b. Competitively employed* , working between 17 and 34 hours per week	<input type="checkbox"/> f. Not employed, not looking for work
<input type="checkbox"/> c. Competitively employed* , working less than 17 hours per week	<input type="checkbox"/> g. Volunteer work
<input type="checkbox"/> d. Self-employed	<input type="checkbox"/> h. Other

**Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage,*

49. What is your source of income? (Please check all that apply)

<input type="checkbox"/> a. No income source	<input type="checkbox"/> h. Veteran's disability payment
<input type="checkbox"/> b. Earned employment	<input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> c. Unemployment Insurance	<input type="checkbox"/> j. Private disability/Worker's compensation
<input type="checkbox"/> d. Supplemental Security Income (SSI)	<input type="checkbox"/> k. Pension from former job
<input type="checkbox"/> e. Social Security Disability Insurance (SSDI)	<input type="checkbox"/> l. Child support/Alimony
<input type="checkbox"/> f. Social Security Retirement	<input type="checkbox"/> m. Trust
<input type="checkbox"/> g. Family member/Friends	<input type="checkbox"/> n. Other

Arrest History		Yes	No	Don't know
50a.	Were you arrested in the 12 months before you started treatment with your most recent outpatient mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b.	Were you arrested in the first 12 months after you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c.	Did police refer you to a mental health service such as a crisis program or shelter rather than taking you to jail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since you began receiving services from this provider, have your encounters with the police... <i>(Please check one)</i>			
	<input type="checkbox"/> a. Gone down	<input type="checkbox"/> c. Stayed the same		
	<input type="checkbox"/> b. Gone up	<input type="checkbox"/> d. Doesn't apply (no encounters with police)		

52. Where are you currently living? *(Please check one)*

<input type="checkbox"/> a. Own or rent home or apartment	<input type="checkbox"/> e. Skilled nursing facility
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> f. Crisis program
<input type="checkbox"/> c. Substance abuse residential treatment facility	<input type="checkbox"/> g. Mental health residential treatment facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> h. Other

53. Have you lived in any of the following places in the last 12 months?

(Please check all that apply)

<input type="checkbox"/> a. Owned or rented home or apartment	<input type="checkbox"/> g. Psychiatric hospital
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> h. Residential substance abuse treatment program
<input type="checkbox"/> c. Crisis program	<input type="checkbox"/> i. Skilled nursing facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> j. Residential treatment facility or home
<input type="checkbox"/> e. Jail or correctional facility	<input type="checkbox"/> k. Other
<input type="checkbox"/> f. Medical hospital	

54. How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?

55. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

<p>American Indian or Alaska Native</p> <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Alaska Native <input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation <input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American	<p>Asian</p> <input type="checkbox"/> 9. Asian Indian <input type="checkbox"/> 10. Chinese <input type="checkbox"/> 11. Filipino/a <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japanese <input type="checkbox"/> 14. Korean <input type="checkbox"/> 15. Laotian <input type="checkbox"/> 16. South Asian <input type="checkbox"/> 17. Vietnamese <input type="checkbox"/> 18. Other Asian	<p>Black or African American</p> <input type="checkbox"/> 25. African American <input type="checkbox"/> 26. African (Black) <input type="checkbox"/> 27. Caribbean (Black) <input type="checkbox"/> 28. Other Black
<p>Hispanic or Latino/a</p> <input type="checkbox"/> 5. Hispanic or Latino/a Central American <input type="checkbox"/> 6. Hispanic or Latino/a Mexican <input type="checkbox"/> 7. Hispanic or Latino/a South American <input type="checkbox"/> 8. Other Hispanic or Latino/a	<p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> 19. Guamanian or Chamorro <input type="checkbox"/> 20. Micronesian <input type="checkbox"/> 21. Native Hawaiian <input type="checkbox"/> 22. Samoan <input type="checkbox"/> 23. Tongan <input type="checkbox"/> 24. Other Pacific Islander	<p>Middle Eastern/ Northern African</p> <input type="checkbox"/> 29. Northern African <input type="checkbox"/> 30. Middle Eastern
		<p>White</p> <input type="checkbox"/> 31. Eastern European <input type="checkbox"/> 32. Slavic <input type="checkbox"/> 33. Western European <input type="checkbox"/> 34. Other White
		<p>Other Categories</p> <input type="checkbox"/> 35. Others (please list) <input type="checkbox"/> 36. Don't know/Unknown <input type="checkbox"/> 37. Don't want to answer/Decline

56. If you selected more than one racial or ethnic identity above, please CIRCLE the ONE that best represents your racial or ethnic identity.

57. What is your gender? (Please check *all that apply*)

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
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Thank you for your time and cooperation in completing this questionnaire!



Identificación de la encuesta: [Survey_ID]

Para completar esta encuesta en línea, ingrese a: tinyurl.com/OHASurvey2019

Introduzca su código de acceso: [Access Code]

Marque esta casilla si, por algún motivo, alguien que no sea [FIRST_NAME] responde a esta encuesta. Gracias.

Relación con [FIRST_NAME]: _____

Infórmenos sobre los servicios ambulatorios de salud mental que recibió desde el 1 de abril de 2018 hasta la actualidad. Si recibió servicios de más de un proveedor desde el 1 de abril de 2018, entonces califique solo a su proveedor de servicios ambulatorios de salud mental *más reciente*.

Indique si está Totalmente de acuerdo, De acuerdo, Neutral, En desacuerdo o Totalmente en desacuerdo con cada una de las afirmaciones que encontrará a continuación. Para eso, encierre en un círculo UN número apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me desempeño mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9
7. Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).						
33. Mis proveedores de servicios más recientes me dieron oportunidades para aprender técnicas que me permitieran fortalecer y mantener mi bienestar.	5	4	3	2	1	9
<i>Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas <u>que no sean</u> sus proveedores de servicios de salud mental.</i>						
34. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
35. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9
36. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
37. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

- a. Menos de 1 mes
 c. 3 a 5 meses
 e. Más de 1 año
 b. 1 a 2 meses
 d. 6 meses a 1 año

39. ¿Sigue recibiendo servicios de salud mental? *(Si la respuesta es Sí, vaya directamente a la pregunta 40)*

- a. Sí
 b. No
 c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual haya terminado el tratamiento)

<input type="checkbox"/> a. Mi problema fue resuelto.	<input type="checkbox"/> d. Tuve problemas para pagar el tratamiento.
<input type="checkbox"/> b. El tratamiento no estaba funcionando.	<input type="checkbox"/> e. No contaba con el tiempo para realizar el tratamiento.

c. Tuve problemas con el transporte.

f. Otro(s) motivo(s) (describa):

40. Su proveedor puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudarlo?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	<u>No</u> <u>necesité ni</u> <u>recibí</u> <u>estos</u> <u>servicios</u>	<u>Necesité</u> <u>pero no</u> <u>recibí</u> estos <u>servicios</u>
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

41. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todo lo que corresponda)

<input type="checkbox"/> a. sentirme más feliz”.	<input type="checkbox"/> f. llevarme mejor con la familia u otras personas”.
<input type="checkbox"/> b. sentirme menos ansioso o temeroso”.	<input type="checkbox"/> g. iniciar o continuar un programa de recuperación”.
<input type="checkbox"/> c. ser más respetuoso o responsable”.	<input type="checkbox"/> h. dejar o reducir el consumo de drogas o alcohol”.
<input type="checkbox"/> d. sentirme mejor conmigo mismo”.	<input type="checkbox"/> i. dejar de lastimar a otras personas”.
<input type="checkbox"/> e. mejorar en el trabajo o en los estudios”.	<input type="checkbox"/> j. dejar de lastimarme a mí mismo”.

42. Desde que comencé a recibir los servicios, “yo... (Marque todo lo que corresponda)

<input type="checkbox"/> a. me siento más feliz”.	<input type="checkbox"/> f. me llevo mejor con la familia u otras personas”.
<input type="checkbox"/> b. me siento menos ansioso o temeroso”.	<input type="checkbox"/> g. he iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> c. me he vuelto más respetuoso o responsable”.	<input type="checkbox"/> h. he dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> d. me siento mejor conmigo mismo”.	<input type="checkbox"/> i. he dejado de lastimar a otras personas”.
<input type="checkbox"/> e. he mejorado en el trabajo o en los estudios”.	<input type="checkbox"/> j. he dejado de lastimarme a mí mismo”.

43. ¿Cuenta con alguien que le realice chequeos, brinde atención médica de rutina y consejos? (Esta persona puede ser un médico, una enfermera practicante u otras personas a quienes llamamos un proveedor de atención primaria.) a. Sí b. No

44. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: (Marque todo lo que corresponda)

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Durante el tiempo en que estuvo viendo a su proveedor de servicios ambulatorios de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?: (Marque una respuesta para cada pregunta)

Servicios de alojamiento	Sí	No	No Sé	N/C
a. ¿Deseaba o necesitaba alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Se le ofrecieron opciones de alojamiento por parte de su proveedor de servicios u otro programa comunitario de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Estuvo conectado con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing: alojamiento asequible que también puede proporcionar asistencia para la renta o servicios internos, como atención médica o servicios de transporte.*

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarlo a encontrar un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Estuvo conectado con los servicios de Supported Employment (empleo con apoyo)* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment: servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualquier otro programa o proveedor de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
46. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Si experimentó un trauma*, ¿se abordaron adecuadamente los problemas relacionados con este trauma * durante su tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma: resultado de eventos o circunstancias que fueron física o emocionalmente dañinos o incluso potencialmente mortales y que han afectado su capacidad para desenvolverse en la vida.*

Peer Delivered Services (servicios prestados por pares) (ver definición abajo)*	Sí	No	No estoy seguro
47. ¿Alguna vez ha usado Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Si usó Peer Delivered Services *, ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services: servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

48. ¿Cuenta con un empleo actualmente? (Marque uno)

<input type="checkbox"/> a. Cuento con un empleo competitivo* en el que trabajo más de 35 horas por semana	<input type="checkbox"/> e. Estoy desempleado y buscando trabajo
<input type="checkbox"/> b. Cuento con un empleo competitivo* en el que trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f. Estoy desempleado, pero no estoy buscando trabajo
<input type="checkbox"/> c. Cuento con un empleo competitivo* en el que trabajo menos de 17 horas por semana	<input type="checkbox"/> g. Trabajo voluntario
<input type="checkbox"/> d. Soy autónomo	<input type="checkbox"/> h. Otro

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

49. ¿Cuál es su fuente de ingresos? (Marque todo lo que corresponda)

<input type="checkbox"/> a. No tengo fuente de ingresos	<input type="checkbox"/> h. Pago por discapacidad para veteranos
<input type="checkbox"/> b. Empleo con sueldo	<input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés)
<input type="checkbox"/> c. Seguro de desempleo	<input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores
<input type="checkbox"/> d. Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés)	<input type="checkbox"/> k. Pensión de un empleo anterior
<input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés)	<input type="checkbox"/> l. Pensión alimenticia para menores/pensión conyugal
<input type="checkbox"/> f. Pensión del Seguro Social	<input type="checkbox"/> m. Fondo fiduciario
<input type="checkbox"/> g. Ayuda de un familiar/amigos	<input type="checkbox"/> n. Otro

Antecedentes de arresto	Sí	No	No sé				
50a. ¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios ambulatorios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
50b. ¿Fue arrestado durante los primeros 12 meses posteriores al inicio de la atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
50c. ¿La policía le remitió a un servicio de salud mental, tal como un programa de crisis o refugio, en lugar de llevarle a la cárcel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>51. Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis. Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía... (Marque <u>uno</u>)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> a. Disminuyeron</td> <td style="width: 50%; border: none;"><input type="checkbox"/> c. Se mantuvieron iguales</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> b. Aumentaron</td> <td style="border: none;"><input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)</td> </tr> </table>				<input type="checkbox"/> a. Disminuyeron	<input type="checkbox"/> c. Se mantuvieron iguales	<input type="checkbox"/> b. Aumentaron	<input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)
<input type="checkbox"/> a. Disminuyeron	<input type="checkbox"/> c. Se mantuvieron iguales						
<input type="checkbox"/> b. Aumentaron	<input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)						

52. ¿Dónde vive actualmente? (Marque uno)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> e. Centro de enfermería especializada
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> f. Programa de crisis
<input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias	<input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> h. Otro

53. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(Marque todo lo que corresponda)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> g. Hospital psiquiátrico
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias
<input type="checkbox"/> c. Programa de crisis	<input type="checkbox"/> i. Centro de enfermería especializada
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> j. Hogar o centro residencial de tratamiento
<input type="checkbox"/> e. Centro carcelario o correccional	<input type="checkbox"/> k. Otro
<input type="checkbox"/> f. Hospital médico	

54. ¿Cómo identifica su raza, etnia, afiliación tribal, país de origen o ascendencia?

55. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marque TODO lo que corresponda.

<p>Amerindio o Nativo de Alaska</p> <input type="checkbox"/> 1. Amerindio <input type="checkbox"/> 2. Nativo de Alaska <input type="checkbox"/> 3. Inuit canadiense, Métis o Naciones Originarias de Canadá <input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano	<p>Asiática</p> <input type="checkbox"/> 9. Indoasiático <input type="checkbox"/> 10. Chino <input type="checkbox"/> 11. Filipino <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japonés <input type="checkbox"/> 14. Coreano <input type="checkbox"/> 15. Laosiano <input type="checkbox"/> 16. Sudasiático <input type="checkbox"/> 17. Vietnamita <input type="checkbox"/> 18. Otro	<p>Negra o afroamericana</p> <input type="checkbox"/> 25. Afroamericano <input type="checkbox"/> 26. Africano (De color) <input type="checkbox"/> 27. Caribeño (De color) <input type="checkbox"/> 28. Otro
	<p>Hawaiano nativo o isleño del Pacífico</p> <input type="checkbox"/> 19. Guamaniano o Chamorro <input type="checkbox"/> 20. Micronesio <input type="checkbox"/> 21. Hawaiano nativo <input type="checkbox"/> 22. Samoano <input type="checkbox"/> 23. Tongano <input type="checkbox"/> 24. Otro	<p>Mediorienta o Norteafricana</p> <input type="checkbox"/> 29. Norteafricano <input type="checkbox"/> 30. Mediorienta
<p>Hispano o Latino</p> <input type="checkbox"/> 5. Hispano o Latino centroamericano <input type="checkbox"/> 6. Hispano o Latino mexicano <input type="checkbox"/> 7. Hispano o Latino sudamericano <input type="checkbox"/> 8. Otro		<p>Blanca</p> <input type="checkbox"/> 31. Europeo oriental <input type="checkbox"/> 32. Eslavo <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro
		<p>Otras categorías</p> <input type="checkbox"/> 35. Otros (enumere) <hr/> <input type="checkbox"/> 36. No sé/Desconocido <input type="checkbox"/> 37. No deseo responder/Declino

56. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO la OPCIÓN que mejor represente su raza o etnia.

57. ¿Cuál es su sexo? (*Marque todo lo que corresponda*)

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
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¡Gracias por su tiempo y cooperación para completar este cuestionario!



Survey ID: [Survey_ID]

To complete this survey online, go to: tinyurl.com/OHASurvey2019 Enter your Access Code: [Access Code]

Please check this box if, for any reason, this survey is being completed by someone other than [FIRST_NAME]. Thank you.

Relationship to [FIRST_NAME]: _____

Please tell us about the residential mental health services you received between April 1, 2018 and now. If you received services from more than one provider since **April 1, 2018**, then please rate only your *most recent* residential mental health service provider.

Please tell us if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each statement below by circling ONE appropriate number for each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<i>As a Direct Result of Services I Received from this Provider...</i>						
1. I deal more effectively with daily problems.	5	4	3	2	1	9
2. I am better able to control my life.	5	4	3	2	1	9
3. I am better able to deal with crisis.	5	4	3	2	1	9
4. I am getting along better with my family.	5	4	3	2	1	9
5. I do better in social situations.	5	4	3	2	1	9
6. I do better in school and/or work.	5	4	3	2	1	9
7. My housing situation has improved.	5	4	3	2	1	9
8. My symptoms are not bothering me as much.	5	4	3	2	1	9
9. I do things that are more meaningful to me.	5	4	3	2	1	9
10. I am better able to take care of my needs.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
11. I am better able to handle things when they go wrong.	5	4	3	2	1	9
12. I am better able to do things that I want to do.	5	4	3	2	1	9
<i>You should respond to the following items based on your experience with your most recent mental health provider.</i>						
13. I like the services that I received here.	5	4	3	2	1	9
14. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
15. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
16. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
17. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
18. Staff returned my call in 24 hours.	5	4	3	2	1	9
19. Services were available at times that were good for me.	5	4	3	2	1	9
20. I was able to get all the services I thought I needed.	5	4	3	2	1	9
21. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
22. Staff here believe my health can improve and I can recover.	5	4	3	2	1	9
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My most recent service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9

For questions 34-37, please answer for relationships with people other than your mental health providers.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
34. I am happy with the friendships I have.	5	4	3	2	1	9
35. I have people with whom I can do enjoyable things.	5	4	3	2	1	9
36. I feel I belong in my community.	5	4	3	2	1	9
37. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

38. How long have you received services from your most recent mental health provider?

- a. Less than 1 month
 c. 3-5 months
 e. More than 1 year
 b. 1-2 months
 d. 6 months to 1 year

39. Are you still receiving mental health services? *(If yes, skip to question 40)*

- a. Yes
 b. No
 c. Don't know

39a. If you are no longer receiving mental health services, please indicate why.

(Please check the ONE major reason why treatment ended)

<input type="checkbox"/> a. My problem was solved.	<input type="checkbox"/> d. I had problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working.	<input type="checkbox"/> e. I could not find time for treatment.
<input type="checkbox"/> c. I had problems with transportation.	<input type="checkbox"/> f. Other reason(s) (please describe):

40. Your provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help you?

My health provider worked with	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not need or receive these services	Needed but did not receive these services
Another mental health provider	5	4	3	2	1	9	8
Corrections	5	4	3	2	1	9	8
Developmental Disabilities	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services	5	4	3	2	1	9	8
Employment Services	5	4	3	2	1	9	8
Physical Health Provider	5	4	3	2	1	9	8
Hospitals (state, acute)	5	4	3	2	1	9	8

41. When I started receiving services from my provider, I hoped I would... (Please check all that apply)

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...get along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g. ...start or continue a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h. ...stop or reduce the use of drugs or alcohol.”
<input type="checkbox"/> d. ...feel better about myself.”	<input type="checkbox"/> i. ...stop hurting others.”
<input type="checkbox"/> e. ...do better in work or school.”	<input type="checkbox"/> j. ...stop hurting myself.”

42. Since I started receiving services, I have... *(Please check all that apply)*

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...been getting along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g....started or continued a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h....stopped or reduced the use of drugs or alcohol.”
<input type="checkbox"/> d. ...been feeling better about myself.”	<input type="checkbox"/> i. ...stopped hurting others.”
<input type="checkbox"/> e. ...done better in work or school.”	<input type="checkbox"/> j. ...stopped hurting myself.”

43. Do you have someone who gives you checkups, routine medical care, and advice?

(This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

44. My primary care provider or mental health service provider has talked to me about:

(Please check all that apply)

Health Issues	Primary Care Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and side effects of my psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. During the time that you were seeing your most recent residential mental health service provider, did you need any of the following services:

(Please check one answer for each question)

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing is affordable housing that may also provide rental assistance or on-site services such as healthcare or transportation services.*

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (see definition below)*	Yes	No	Not sure
46. When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. If you experienced trauma *, were the problems related to this trauma * adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

Peer Delivered Services (see definition below)*	Yes	No	Not sure
47. Have you ever used Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. If you have used Peer Delivered Services *, were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

48. Are you currently employed? (Please check one)

<input type="checkbox"/> a. Competitively employed* , working more than 35 hours per week	<input type="checkbox"/> e. Not employed, looking for work
<input type="checkbox"/> b. Competitively employed* , working between 17 and 34 hours per week	<input type="checkbox"/> f. Not employed, not looking for work
<input type="checkbox"/> c. Competitively employed* , working less than 17 hours per week	<input type="checkbox"/> g. Volunteer work
<input type="checkbox"/> d. Self-employed	<input type="checkbox"/> h. Other

**Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage,*

49. What is your source of income? (Please check all that apply)

<input type="checkbox"/> a. No income source	<input type="checkbox"/> h. Veteran's disability payment
<input type="checkbox"/> b. Earned employment	<input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> c. Unemployment Insurance	<input type="checkbox"/> j. Private disability/Worker's compensation
<input type="checkbox"/> d. Supplemental Security Income (SSI)	<input type="checkbox"/> k. Pension from former job
<input type="checkbox"/> e. Social Security Disability Insurance (SSDI)	<input type="checkbox"/> l. Child support/Alimony
<input type="checkbox"/> f. Social Security Retirement	<input type="checkbox"/> m. Trust
<input type="checkbox"/> g. Family member/Friends	<input type="checkbox"/> n. Other

Arrest History		Yes	No	Don't know
50a.	Were you arrested in the 12 months before you started treatment with your most recent residential mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b.	Were you arrested in the first 12 months after you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c.	Did police refer you to a mental health service such as a crisis program or shelter rather than taking you to jail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since you began receiving services from this provider, have your encounters with the police... <i>(Please check one)</i>			
	<input type="checkbox"/> a. Gone down		<input type="checkbox"/> c. Stayed the same	
	<input type="checkbox"/> b. Gone up		<input type="checkbox"/> d. Doesn't apply (no encounters with police)	

52. Where are you currently living? *(Please check one)*

<input type="checkbox"/> a. Own or rent home or apartment	<input type="checkbox"/> e. Skilled nursing facility
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> f. Crisis program
<input type="checkbox"/> c. Substance abuse residential treatment facility	<input type="checkbox"/> g. Mental health residential treatment facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> h. Other

53. Have you lived in any of the following places in the last 12 months?

(Please check all that apply)

<input type="checkbox"/> a. Owned or rented home or apartment	<input type="checkbox"/> g. Psychiatric hospital
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> h. Residential substance abuse treatment program
<input type="checkbox"/> c. Crisis program	<input type="checkbox"/> i. Skilled nursing facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> j. Residential treatment facility or home
<input type="checkbox"/> e. Jail or correctional facility	<input type="checkbox"/> k. Other
<input type="checkbox"/> f. Medical hospital	

54. Why are you living in a residential facility? (Please check all that apply)

<input type="checkbox"/> a. I am civilly committed and the county wants me to be here.	<input type="checkbox"/> e. I want addictions treatment so I can get better.
<input type="checkbox"/> b. My guardian wants me to be here.	<input type="checkbox"/> f. I need housing.
<input type="checkbox"/> c. I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements.	<input type="checkbox"/> g. I need help taking care of myself.
<input type="checkbox"/> d. I want mental health treatment so I can get better.	<input type="checkbox"/> h. Other

55. Since you've been here, do you feel like you've made progress in any of the following areas? (Please check all that apply)

<input type="checkbox"/> a. Mental Health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.)	<input type="checkbox"/> e. Physical Health (identification of physical health conditions, making appointments, managing physical health conditions.)
<input type="checkbox"/> b. Activities of daily living (cleaning, bathing, cooking, dressing, etc.)	<input type="checkbox"/> f. Social/Recreation (family, friends, hobbies, getting out in the community, etc.)
<input type="checkbox"/> c. Self-Care (nutrition, exercise, quitting smoking, spiritual life, establishing a recovery program, etc.)	<input type="checkbox"/> g. Substance Use/Abuse (awareness of problems and decreasing use)
<input type="checkbox"/> d. Job/School	<input type="checkbox"/> h. Managing Money (budgeting, managing your own money, spending money appropriately, shopping, etc.)

56. What types of services do you receive? (Please check all that apply)

<input type="checkbox"/> a. Community meetings	<input type="checkbox"/> i. Social/recreational activities
<input type="checkbox"/> b. Support with activities of daily living (cleaning, bathing, cooking, dressing, etc.)	<input type="checkbox"/> j. Skills training either in a group or individually
<input type="checkbox"/> c. Peer counseling/mentorship	<input type="checkbox"/> k. Physical health counseling
<input type="checkbox"/> d. Social skills training	<input type="checkbox"/> l. Vocational/Educational counseling
<input type="checkbox"/> e. Medication management	<input type="checkbox"/> m. Psychiatric visits
<input type="checkbox"/> f. Individual, family, or group psychotherapy	<input type="checkbox"/> n. Chemical dependency education and counseling
<input type="checkbox"/> g. Care coordination	<input type="checkbox"/> o. Formal mental health or chemical dependency assessments
<input type="checkbox"/> h. Transition/discharge planning	<input type="checkbox"/> p. Other

57. Do you feel ready for more independent living? a. Yes b. No c. Not sure

57a. If not, why? *(Please check all that apply)*

<input type="checkbox"/> a. My symptoms are too bad right now.	<input type="checkbox"/> g. I don't feel like I have support from staff.
<input type="checkbox"/> b. I don't know where else I would go.	<input type="checkbox"/> h. I don't have a plan.
<input type="checkbox"/> c. I am worried that if I leave I won't get the help I need.	<input type="checkbox"/> i. I am worried that I will get sick again.
<input type="checkbox"/> d. I like it here.	<input type="checkbox"/> j. I don't have the skills to live on my own.
<input type="checkbox"/> e. I have legal issues that keep me here.	<input type="checkbox"/> k. I have lived on my own before and it did not work.
<input type="checkbox"/> f. My family does not want me to leave.	<input type="checkbox"/> l. Other

58. What would be your options if you were ready to move to more independent living?

<input type="checkbox"/> a. I don't know	<input type="checkbox"/> c. Living with family or friends
<input type="checkbox"/> b. Living in my own apartment or home	<input type="checkbox"/> d. Other

Please answer questions 59-62 on the next page to tell us a little bit about yourself.

59. How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?

60. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

<p>American Indian or Alaska Native</p> <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Alaska Native <input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation <input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American	<p>Asian</p> <input type="checkbox"/> 9. Asian Indian <input type="checkbox"/> 10. Chinese <input type="checkbox"/> 11. Filipino/a <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japanese <input type="checkbox"/> 14. Korean <input type="checkbox"/> 15. Laotian <input type="checkbox"/> 16. South Asian <input type="checkbox"/> 17. Vietnamese <input type="checkbox"/> 18. Other Asian	<p>Black or African American</p> <input type="checkbox"/> 25. African American <input type="checkbox"/> 26. African (Black) <input type="checkbox"/> 27. Caribbean (Black) <input type="checkbox"/> 28. Other Black
<p>Hispanic or Latino/a</p> <input type="checkbox"/> 5. Hispanic or Latino/a Central American <input type="checkbox"/> 6. Hispanic or Latino/a Mexican <input type="checkbox"/> 7. Hispanic or Latino/a South American <input type="checkbox"/> 8. Other Hispanic or Latino/a	<p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> 19. Guamanian or Chamorro <input type="checkbox"/> 20. Micronesian <input type="checkbox"/> 21. Native Hawaiian <input type="checkbox"/> 22. Samoan <input type="checkbox"/> 23. Tongan <input type="checkbox"/> 24. Other Pacific Islander	<p>Middle Eastern/ Northern African</p> <input type="checkbox"/> 29. Northern African <input type="checkbox"/> 30. Middle Eastern
		<p>White</p> <input type="checkbox"/> 31. Eastern European <input type="checkbox"/> 32. Slavic <input type="checkbox"/> 33. Western European <input type="checkbox"/> 34. Other White
		<p>Other Categories</p> <input type="checkbox"/> 35. Others (please list) <input type="checkbox"/> 36. Don't know/Unknown <input type="checkbox"/> 37. Don't want to answer/Decline

61. If you selected more than one racial or ethnic identity above, please **CIRCLE** the **ONE** that best represents your racial or ethnic identity.

62. What is your gender? (Please check *all that apply*)

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
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Thank you for your time and cooperation in completing this questionnaire!



Identificación de la encuesta: [Survey_ID]

Para completar esta encuesta en línea, ingrese a: [URL](#)
Introduzca su código de acceso: [Access Code]

Marque esta casilla si, por algún motivo, alguien que no sea [FIRST_NAME] responde a esta encuesta. Gracias.

Relación con [FIRST_NAME]: _____

Infórmenos sobre los servicios residenciales de salud mental que recibió desde el 1 de abril de 2018 hasta la actualidad. Si recibió servicios de más de un proveedor desde el 1 de abril de 2018, entonces califique solo a su proveedor de servicios residenciales de salud mental *más reciente*.

Indique si está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada una de las afirmaciones que encontrará a continuación. Para eso, encierre en un círculo UN número apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me desempeño mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9
7. Mi situación de	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
vivienda ha mejorado.						
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).	5	4	3	2	1	9

Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas que no sean sus proveedores de servicios de salud mental.

	Totalment e de acuerdo	De acuerdo	Indecis o	En desacuerd o	Totalmente en desacuerdo	No corresponde
33. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
34. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9
35. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
36. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

- a. Menos de 1 mes c. 3 a 5 meses e. Más de 1 año
 b. 1 a 2 meses d. 6 meses a 1 año

39. ¿Sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 40)

- a. Sí b. No c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual haya terminado el tratamiento)

<input type="checkbox"/> a. Mi problema fue resuelto.	<input type="checkbox"/> d. Tuve problemas para pagar el tratamiento.
<input type="checkbox"/> b. El tratamiento no estaba funcionando.	<input type="checkbox"/> e. No contaba con el tiempo para realizar el tratamiento.
<input type="checkbox"/> c. Tuve problemas con el transporte.	<input type="checkbox"/> f. Otro(s) motivo(s) (describa):

40. Su proveedor puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudarlo?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	<u>No necesité ni recibí</u> estos servicios	<u>Necesité pero no recibí</u> estos servicios
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

41. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todo lo que corresponda)

<input type="checkbox"/> a. sentirme más feliz”.	<input type="checkbox"/> f. llevarme mejor con la familia u otras personas”.
<input type="checkbox"/> b. sentirme menos ansioso o temeroso”.	<input type="checkbox"/> g. iniciar o continuar un programa de recuperación”.
<input type="checkbox"/> c. ser más respetuoso o responsable”.	<input type="checkbox"/> h. dejar o reducir el consumo de drogas o alcohol”.
<input type="checkbox"/> d. sentirme mejor conmigo mismo”.	<input type="checkbox"/> i. dejar de lastimar a otras personas”.
<input type="checkbox"/> e. mejorar en el trabajo o en los estudios”.	<input type="checkbox"/> j. dejar de lastimarme a mí mismo”.

42. Desde que comencé a recibir los servicios, “yo... (Marque todo lo que corresponda)

<input type="checkbox"/> a. me siento más feliz”.	<input type="checkbox"/> f. me llevo mejor con la familia u otras personas”.
<input type="checkbox"/> b. me siento menos ansioso o temeroso”.	<input type="checkbox"/> g. he iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> c. me he vuelto más respetuoso o responsable”.	<input type="checkbox"/> h. he dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> d. me siento mejor conmigo mismo”.	<input type="checkbox"/> i. he dejado de lastimar a otras personas”.
<input type="checkbox"/> e. he mejorado en el trabajo o en los estudios”.	<input type="checkbox"/> j. he dejado de lastimarme a mí mismo”.

43. ¿Cuenta con alguien que le realice chequeos, brinde atención médica de rutina y consejos? (Esta persona puede ser un médico, una enfermera practicante u otras personas a quienes llamamos un proveedor de atención primaria.) a. Sí b. No

44. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: (Marque todo lo que corresponda)

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Durante el tiempo en que estuvo viendo a su proveedor de servicios residenciales de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?:

(Marque una respuesta para cada pregunta)

Servicios de alojamiento	Sí	No	No sé	N/C
a. ¿Deseaba o necesitaba alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Se le ofrecieron opciones de alojamiento por parte de su proveedor de servicios u otro programa comunitario de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Estuvo conectado con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing: alojamiento asequible que también puede proporcionar asistencia para la renta o servicios internos, como atención médica o servicios de transporte.*

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarlo a encontrar un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Estuvo conectado con los servicios de Supported Employment (empleo con apoyo)* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment: servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualquier otro programa o proveedor de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
46. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Si experimentó un trauma* , ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante su tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma: resultado de eventos o circunstancias que fueron física o emocionalmente dañinos o incluso potencialmente mortales y que han afectado su capacidad para desenvolverse en la vida.*

Peer Delivered Services (servicios prestados por pares) (ver definición abajo)*	Sí	No	No estoy seguro
47. ¿Alguna vez ha usado Peer Delivered Services* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Si usó Peer Delivered Services* , ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services: servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

48. ¿Cuenta con un empleo actualmente? (Marque uno)

<input type="checkbox"/> a. Cuento con un empleo competitivo* en el que trabajo más de 35 horas por semana	<input type="checkbox"/> e. Estoy desempleado y buscando trabajo
<input type="checkbox"/> b. Cuento con un empleo competitivo* en el que trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f. Estoy desempleado, pero no estoy buscando trabajo
<input type="checkbox"/> c. Cuento con un empleo competitivo* en el que trabajo menos de 17 horas por semana	<input type="checkbox"/> g. Trabajo voluntario
<input type="checkbox"/> d. Soy autónomo	<input type="checkbox"/> h. Otro

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

49. ¿Cuál es su fuente de ingresos? (Marque todo lo que corresponda)

<input type="checkbox"/> a. No tengo fuente de ingresos	<input type="checkbox"/> h. Pago por discapacidad para veteranos
<input type="checkbox"/> b. Empleo con sueldo	<input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés)

<input type="checkbox"/> c. Seguro de desempleo	<input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores			
<input type="checkbox"/> d. Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés)	<input type="checkbox"/> k. Pensión de un empleo anterior			
<input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés)	<input type="checkbox"/> l. Pensión alimenticia para menores/pensión conyugal			
<input type="checkbox"/> f. Pensión del Seguro Social	<input type="checkbox"/> m. Fondo fiduciario			
<input type="checkbox"/> g. Ayuda de un familiar/amigos	<input type="checkbox"/> n. Otro			
Antecedentes de arresto		Sí	No	No sé
50a. ¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios residenciales de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50b. ¿Fue arrestado durante los primeros 12 meses posteriores al inicio de la atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50c. ¿La policía le remitió a un servicio de salud mental, tal como un programa de crisis o refugio, en lugar de llevarle a la cárcel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis. Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía... (<i>Marque uno</i>)				
<input type="checkbox"/> a. Disminuyeron		<input type="checkbox"/> c. Se mantuvieron iguales		
<input type="checkbox"/> b. Aumentaron		<input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)		

52. ¿Dónde vive actualmente? (*Marque uno*)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> e. Centro de enfermería especializada
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> f. Programa de crisis
<input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias	<input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> h. Otro

53. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(*Marque todo lo que corresponda*)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> g. Hospital psiquiátrico
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias

<input type="checkbox"/> c. Programa de crisis	<input type="checkbox"/> i. Centro de enfermería especializada
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> j. Hogar o centro residencial de tratamiento
<input type="checkbox"/> e. Centro carcelario o correccional	<input type="checkbox"/> k. Otro
<input type="checkbox"/> f. Hospital médico	

54. ¿Por qué está viviendo en un centro residencial? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Estoy sujeto a confinamiento civil y el condado quiere que permanezca aquí.	<input type="checkbox"/> e. Deseo recibir tratamiento para mis adicciones para que pueda mejorar.
<input type="checkbox"/> b. Mi tutor desea que permanezca aquí.	<input type="checkbox"/> f. Necesito alojamiento.
<input type="checkbox"/> c. Estoy bajo la jurisdicción de la Junta de Revisión de Seguridad Psiquiátrica o tengo otros requisitos legales.	<input type="checkbox"/> g. Necesito ayuda para cuidar de mí mismo.
<input type="checkbox"/> d. Deseo recibir tratamiento de salud mental para poder mejorar.	<input type="checkbox"/> h. Otro

55. Desde que ha estado aquí, ¿siente que ha hecho progresos en alguna de las siguientes áreas? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Salud mental (disminución de los síntomas, los medicamentos, aumento en la capacidad para enfrentar situaciones, mejora en las relaciones, permanencia fuera del hospital, disminución de las crisis, etc.)	<input type="checkbox"/> e. Salud física (identificación de las afecciones de la salud física, coordinación de citas, manejo de las afecciones de la salud física).
<input type="checkbox"/> b. Actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)	<input type="checkbox"/> f. Actividades sociales/recreativas (familia, amigos, pasatiempos, salidas en la comunidad, etc.)
<input type="checkbox"/> c. Cuidado personal (nutrición, ejercicio, dejar de fumar, vida espiritual, establecer un programa de recuperación, etc.)	<input type="checkbox"/> g. Consumo/abuso de sustancias (concienciación de los problemas y disminución del consumo)
<input type="checkbox"/> d. Empleo/estudios	<input type="checkbox"/> h. Administración del dinero (presupuesto, administración del propio dinero, gastar el dinero de manera adecuada, compras, etc.)

56. ¿Qué tipo de servicios recibe? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Reuniones comunitarias	<input type="checkbox"/> i. Actividades sociales/recreativas
<input type="checkbox"/> b. Apoyo con las actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)	<input type="checkbox"/> j. Capacitación de las habilidades, ya sea en grupo o en forma individual
<input type="checkbox"/> c. Asesoramiento/tutoría entre pares	<input type="checkbox"/> k. Asesoramiento sobre la salud física
<input type="checkbox"/> d. Capacitación de las habilidades sociales	<input type="checkbox"/> l. Asesoramiento vocacional/educativo
<input type="checkbox"/> e. Administración de los medicamentos	<input type="checkbox"/> m. Visitas psiquiátricas
<input type="checkbox"/> f. Psicoterapia individual, familiar o de grupo	<input type="checkbox"/> n. Educación y asesoramiento sobre la farmacodependencia
<input type="checkbox"/> g. Coordinación de la atención	<input type="checkbox"/> o. Evaluaciones formales sobre la salud mental o la farmacodependencia
<input type="checkbox"/> h. Planificación de la transición/alta	<input type="checkbox"/> p. Otro

57. ¿Se siente listo para una vida más independiente? a. Sí b. No c. No estoy seguro

57a. Si no es así, ¿por qué? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Mis síntomas son demasiado intensos en este momento.	<input type="checkbox"/> g. No siento que tenga el apoyo del personal.
<input type="checkbox"/> b. No sé a dónde más podría ir.	<input type="checkbox"/> h. No tengo nada planificado.
<input type="checkbox"/> c. Me preocupa pensar que si me voy, no tendré la ayuda que necesite.	<input type="checkbox"/> i. Me preocupa enfermarme de nuevo
<input type="checkbox"/> d. Me gusta estar aquí.	<input type="checkbox"/> j. No tengo las habilidades para vivir por mi cuenta.
<input type="checkbox"/> e. Tengo problemas legales que me obligan a permanecer aquí.	<input type="checkbox"/> k. Ya viví por mi cuenta antes y no funcionó.
<input type="checkbox"/> f. Mi familia no quiere que me vaya.	<input type="checkbox"/> l. Otro

58. ¿Cuáles serían sus opciones si estuviera listo para mudarse y llevar una vida más independiente?

<input type="checkbox"/> a. No sé	<input type="checkbox"/> c. Vivir con la familia o con amigos
<input type="checkbox"/> b. Vivir en mi propio departamento o casa	<input type="checkbox"/> d. Otro

Responda las preguntas 59 a 62 de la página siguiente para contarnos un poco acerca de usted.

59. ¿Cómo identifica su raza, etnia, afiliación tribal, país de origen o ascendencia?

60. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marque TODO lo que corresponda.

<p>Amerindio o Nativo de Alaska</p> <input type="checkbox"/> Amerindio <input type="checkbox"/> Nativo de Alaska <input type="checkbox"/> Inuit canadiense, Métis o Naciones Originarias de Canadá <input type="checkbox"/> Indígena mexicano, centroamericano o sudamericano	<p>Asiática</p> <input type="checkbox"/> Indoasiático <input type="checkbox"/> Chino <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Laosiano <input type="checkbox"/> Sudasiático <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro	<p>De color o afroamericana</p> <input type="checkbox"/> Afroamericano <input type="checkbox"/> Africano (De color) <input type="checkbox"/> Caribeño (De color) <input type="checkbox"/> Otro
<p>Hispano o Latino</p> <input type="checkbox"/> Hispano o Latino centroamericano <input type="checkbox"/> Hispano o Latino mexicano <input type="checkbox"/> Hispano o Latino sudamericano <input type="checkbox"/> Otro	<p>Hawaiano nativo o isleño del Pacífico</p> <input type="checkbox"/> Guamaniano o Chamorro <input type="checkbox"/> Micronesio <input type="checkbox"/> Hawaiano nativo <input type="checkbox"/> Samoano <input type="checkbox"/> Tongano <input type="checkbox"/> Otro	<p>Mediorienta o Norteafricana</p> <input type="checkbox"/> Norteafricano <input type="checkbox"/> Mediorienta
		<p>Blanca</p> <input type="checkbox"/> Europeo oriental <input type="checkbox"/> Eslavo <input type="checkbox"/> Europeo occidental <input type="checkbox"/> Otro
		<p>Otras categorías</p> <input type="checkbox"/> Otros (enumere) _____ <input type="checkbox"/> No sé/Desconocido <input type="checkbox"/> No deseo responder/Declino

61. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO la OPCIÓN que mejor represente su raza o etnia.

62. ¿Cuál es su sexo? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
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¡Gracias por su tiempo y cooperación para completar este cuestionario!

Appendix B: Survey Data Security and Quality Assurance Procedures

HealthInsight Assure stored the electronic data for this survey in REDCap software on a secure server. Only essential team members had access to the raw data to perform data entry. Exported data files were also saved on the secure server, where access was limited. HealthInsight kept the original paper copies of the surveys in a secure location.

Data entry staff members were trained on entering the survey data, and other authorized staff checked every tenth survey to ensure consistent and correct data entry. HealthInsight maintained data quality on two tiers. First, built-in data checks in the REDCap software ensured that only valid field values could be entered, and enforced the use of custom codes to note missing or out-of-range data. For example, the application checked to make sure that the field corresponding to Question 1 was coded with 1–5 (Strongly Disagree to Strongly Agree), or 9 for NA, or 0 for missing or invalid response on the paper copy.

Second, SAS analytic programs written by the data analyst used logic controls for relevant questions.

Appendix C: Weighting Explanation and Code

```
#Import the datasets
library(readr)
respondents <- read_csv("file path")
population <- read_csv("file path")
sample <- read_csv("file path")

library(survey)
respondents.unwgt <- svydesign(ids =~1, data=respondents)

#getting the marginal probabilities for the variables
#These will need to be manually added in. You may need to rename the variables within the csv
(or here).

#SEX
table(population$CDE_SEX)
prop.table(table(population$CDE_SEX))
# F =64285= 0.5968286
# M =43426= 0.4031714

sex_dist <- data.frame(CDE_SEX = c("F","M"),
                      Freq = nrow(respondents) * c(0.5968286,0.4031714))

#RACE
table(population$RACE_GROUP)
prop.table(table(population$RACE_GROUP))
# ASIAN                =1277=    0.011855799
# BLACK                =2900=    0.026923898
# HISPANIC             =3147=    0.029217072
# NATIVE AMERICAN     =2615=    0.024277929
# NATIVE HAWAIIAN/PACIFIC ISLANDER =255=    0.002367446
# OTHER                =678=    0.006294622
# UNKNOWN              =37053=   0.344003862
# WHITE                =59786=   0.555059372

race_dist <- data.frame(RACE_GROUP = c("ASIAN", "BLACK", "HISPANIC", "NATIVE AMERICAN", "NATIVE
HAWAIIAN/PACIFIC ISLANDER", "OTHER", "UNKNOWN", "WHITE"),
                      Freq = nrow(respondents) *
c(0.011855799,0.026923898,0.029217072,0.024277929,0.002367446,0.006294622,0.344003862,0.555059
372))

#Ethnicity
table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC             =4651=    0.04318036
# NOT HISPANIC        =66990=   0.62194205
# UNKNOWN              =36070=   0.33487759

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC", "NOT HISPANIC", "UNKNOWN"),
                      Freq = nrow(respondents) * c(0.04318036,0.62194205,0.33487759))

#Age Groups
```

```

table(population$AGEGRP)
prop.table(table(population$AGEGRP))
# "18 to 25" =17586= 0.16327023
# "26 to 64" =84172= 0.78146150
# "65+"      =5953= 0.05526826

age_dist <- data.frame(AGEGRP = c("18 to 25","26 to 64","65+"),
                       Freq = nrow(respondents) * c(0.16327023,0.78146150,0.05526826))

#Urbanicity
table(population$DESIG)
prop.table(table(population$DESIG))
# Frontier =2424= 0.022504665
# Rural    =36474= 0.338628367
# Unknown  =879= 0.008160726
# Urban    =67934= 0.630706242

Desig_dist <- data.frame(DESIG = c("Frontier","Rural","Unknown","Urban"),
                        Freq = nrow(respondents) *
c(0.022504665,0.338628367,0.008160726,0.630706242))

#Calculate the weights
data.svy.rake <- rake(design = respondents.unwgted,
                    sample.margins =
list(~CDE_SEX,~DESIG,~ETHNIC_GROUP,~RACE_GROUP,~AGEGRP),
                    population.margins =
list(sex_dist,Desig_dist,ETHNIC_dist,race_dist,age_dist))

summary(weights(data.svy.rake))

data.svy.rake.trim <- trimWeights(data.svy.rake, lower=0.3, upper=3,
                                strict=TRUE)
summary(weights(data.svy.rake.trim))

weights <-weights(data.svy.rake.trim)
respondents_weights<-cbind(respondents,weights)

#Export
write.csv(respondents_weights, file = "file path")

```

Appendix D: CCO-Specific Results

The following table shows the average scores for each outpatient survey domain question by CCO. The scores are on a 1–5 scale:

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly Agree

Table D-1. Outpatient Survey: Average Domain Question Responses by CCO.

Domain	Question	CCO																
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS /OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO
	Total responses	120	185	178	185	158	112	30	228	101	122	173	98	124	99	89	125	201
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	4.1	4.3	4.1	3.9	4.2	4.1	3.9	4.2	4.0	4.1	4.1	4.2	4.2	4.2	4.0	4.2	4.2
	17. Staff were willing to see me as often as I felt it was necessary	3.8	4.1	4.0	3.8	4.0	4.3	3.9	4.0	3.9	4.0	4.1	4.3	4.0	4.2	4.0	4.2	4.1
	18. Staff returned my call in 24 hours	3.9	4.2	3.9	3.8	3.9	4.1	3.9	4.0	3.9	4.1	4.1	4.1	4.0	4.2	3.8	4.1	4.0
	19. Services were available at times that were good for me	4.0	4.1	4.1	3.9	4.1	4.4	4.1	4.0	4.0	4.0	4.1	4.3	4.0	4.2	4.0	4.4	4.2
	20. I was able to get all the services I thought I needed	3.6	3.9	3.8	3.5	3.8	4.2	3.7	3.7	3.5	3.7	3.9	4.0	3.7	4.0	3.6	4.1	4.0
	21. I was able to see a psychiatrist when I wanted	3.4	3.4	3.5	3.3	3.6	4.0	3.8	3.5	3.3	3.6	3.6	3.6	3.4	3.7	3.5	3.7	3.7
Daily functioning	08. My symptoms are not bothering me as much	3.2	3.4	3.2	3.1	3.3	3.6	3.3	3.3	3.1	3.0	3.2	3.6	3.2	3.4	3.0	3.5	3.5
	09. I do things that are more meaningful to me	3.3	3.6	3.6	3.4	3.7	3.6	3.4	3.6	3.5	3.5	3.6	3.8	3.4	3.9	3.4	3.7	3.7
	10. I am better able to take care of my needs	3.3	3.7	3.6	3.4	3.6	3.6	3.6	3.6	3.6	3.4	3.6	3.7	3.5	3.8	3.4	3.8	3.7
	11. I am better able to handle things when they go wrong	3.3	3.6	3.6	3.4	3.5	3.6	3.4	3.5	3.4	3.3	3.6	3.7	3.5	3.7	3.2	3.6	3.7
	12. I am better able to do things that I want to do	3.4	3.5	3.5	3.3	3.6	3.5	3.5	3.4	3.4	3.4	3.6	3.7	3.4	3.7	3.2	3.6	3.6

Domain	Question	CCO																
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS / OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO
General satisfaction	13. I like the services that I received here	4.0	4.2	4.2	3.9	4.1	4.3	4.0	4.2	4.0	4.1	4.1	4.3	4.1	4.4	3.8	4.3	4.1
	14. If I had other choices, I would still get services from this agency	3.8	4.0	4.0	3.8	3.9	4.3	3.9	4.0	3.9	3.9	4.0	4.1	3.8	4.3	3.8	4.0	4.0
	15. I would recommend this agency to a friend or family member	3.9	4.2	4.1	3.8	4.0	4.4	3.9	4.0	3.9	4.1	4.0	4.3	3.9	4.3	3.8	4.3	4.1
Outcomes	01. I deal more effectively with daily problems	3.3	3.8	3.7	3.5	3.7	3.8	3.7	3.7	3.4	3.7	3.8	3.9	3.7	3.8	3.4	3.9	3.8
	02. I am better able to control my life	3.4	3.7	3.6	3.4	3.6	3.8	3.7	3.6	3.6	3.6	3.6	3.9	3.6	3.9	3.4	3.8	3.7
	03. I am better able to deal with crisis	3.2	3.8	3.5	3.4	3.5	3.7	3.1	3.6	3.4	3.4	3.6	3.8	3.5	3.8	3.4	3.7	3.6
	04. I am getting along better with my family	3.5	3.7	3.7	3.5	3.8	3.7	3.6	3.7	3.6	3.6	3.9	4.1	3.7	3.9	3.5	3.8	3.8
	05. I do better in social situations	3.2	3.5	3.3	3.3	3.5	3.5	3.6	3.5	3.1	3.3	3.4	3.5	3.3	3.6	3.3	3.5	3.5
	06. I do better in school and/or work	3.0	3.5	3.2	3.3	3.5	3.5	3.3	3.4	3.2	3.4	3.4	3.6	3.6	3.6	3.3	3.7	3.6
	07. My housing situation has improved	3.3	3.4	3.4	3.2	3.5	3.7	3.2	3.4	3.3	3.4	3.5	3.5	3.3	3.6	3.2	3.5	3.5
	08. My symptoms are not bothering me as much	3.2	3.4	3.2	3.1	3.3	3.6	3.3	3.3	3.1	3.0	3.2	3.6	3.2	3.4	3.0	3.5	3.5
Participation	23. I felt comfortable asking questions about my treatment and medication	3.9	4.1	4.0	3.9	4.1	4.3	3.8	4.2	3.8	4.2	4.2	4.3	4.0	4.2	4.0	4.3	4.1

Domain	Question	CCO																
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS / OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO
	29. I, not staff, decided my treatment goals	3.5	3.8	3.8	3.7	3.9	4.1	3.8	4.0	3.8	3.9	3.9	3.9	3.6	4.0	3.7	4.1	4.0
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	3.7	4.0	4.2	3.9	4.1	4.3	3.9	4.2	4.0	4.1	4.2	4.3	4.2	4.3	3.9	4.2	4.1
	24. I felt free to complain	3.7	3.9	3.9	3.8	3.9	4.1	3.8	4.0	3.8	4.1	4.0	4.1	3.8	4.2	3.9	3.9	3.8
	25. I was given information about my rights	4.0	4.2	4.2	4.2	4.2	4.3	4.1	4.2	4.0	4.4	4.2	4.4	4.1	4.5	4.2	4.3	4.3
	26. Staff encouraged me to take responsibility for how I live my life	3.9	4.1	4.1	4.0	4.0	4.1	4.0	4.1	4.0	4.1	4.0	4.3	4.0	4.3	4.0	4.1	4.1
	27. Staff told me what side effects to watch out for	3.6	3.8	4.0	3.7	3.9	3.9	3.7	3.9	3.7	4.0	4.0	3.9	3.9	4.1	3.8	4.1	4.0
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	4.1	4.3	4.3	4.2	4.2	4.5	4.2	4.4	4.3	4.3	4.3	4.4	4.3	4.4	4.2	4.4	4.4
	30. Staff were sensitive to my cultural background (race, religion, language)	4.1	4.1	4.1	4.0	4.1	4.3	4.0	4.2	4.0	4.3	4.2	4.4	4.1	4.3	4.1	4.2	4.2
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	3.9	4.0	4.0	3.7	4.0	4.0	3.6	4.0	3.9	4.0	3.9	4.1	3.8	4.2	3.8	4.2	4.1
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	3.7	3.9	3.8	3.8	3.9	3.8	3.7	3.9	3.9	4.0	3.7	4.0	3.5	4.1	3.4	3.8	4.0

Domain	Question	CCO																	
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS / OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO	
Social connectedness	34. I am happy with the friendships I have	3.5	3.5	3.9	3.6	3.8	3.7	3.4	3.7	3.7	3.8	3.9	3.8	3.6	3.8	3.6	3.8	3.7	
	35. I have people with whom I can do enjoyable things	3.6	3.7	4.0	3.8	4.0	3.8	3.7	3.9	3.9	3.9	4.0	3.9	3.7	4.0	3.6	3.9	4.0	
	36. I feel I belong in my community	3.0	3.3	3.5	3.2	3.5	3.6	3.0	3.4	3.3	3.3	3.5	3.4	3.1	3.6	3.2	3.6	3.4	
	37. In a crisis, I would have the support I need from family or friends	3.7	3.8	4.1	3.8	3.9	4.1	3.7	3.8	4.0	3.9	4.1	3.9	3.8	4.0	3.8	4.1	4.0	

Appendix E: CCBHC-Specific Results

The following table shows the average scores for each outpatient survey domain question by certified community behavioral health clinic (CCBHC). The scores are on a 1–5 scale:

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly Agree

Table E-1. Outpatient Survey: Average Domain Question Responses by CCBHC.

Domain	Question	CCBHC												
		Cascadia Behavioral Health	Columbia Community Mental Health	Community Counseling Sol John Day	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	Total responses	61	120	27	7	122	68	124	1368	221	4	18	32	144
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	4.2	3.9	-	-	4.2	4.2	4.1	4.1	4.1	-	-	4.3	4.2
	17. Staff were willing to see me as often as I felt it was necessary	4.0	3.9	-	-	4.0	3.9	4.0	4.1	3.8	-	-	4.2	4.1
	18. Staff returned my call in 24 hours	4.0	3.9	-	-	3.9	4.0	3.9	4.1	3.9	-	-	4.3	4.0
	19. Services were available at times that were good for me	4.0	4.1	-	-	4.0	4.0	4.0	4.1	4.0	-	-	4.2	4.3
	20. I was able to get all the services I thought I needed	3.7	3.6	-	-	3.8	3.8	3.8	3.9	3.6	-	-	3.9	3.9
	21. I was able to see a psychiatrist when I wanted	3.6	3.5	-	-	3.5	3.5	3.6	3.6	3.4	-	-	3.8	3.6
Daily functioning	08. My symptoms are not bothering me as much	3.0	3.1	-	-	3.2	3.4	3.2	3.4	3.0	-	-	3.4	3.4
	09. I do things that are more meaningful to me	3.3	3.5	-	-	3.6	3.6	3.6	3.7	3.3	-	-	3.7	3.6
	10. I am better able to take care of my needs	3.3	3.5	-	-	3.6	3.8	3.6	3.7	3.4	-	-	3.7	3.6
	11. I am better able to handle things when they go wrong	3.3	3.5	-	-	3.6	3.7	3.5	3.6	3.3	-	-	3.6	3.5
	12. I am better able to do things that I want to do	3.1	3.4	-	-	3.5	3.5	3.7	3.5	3.2	-	-	3.6	3.5

Domain	Question	CCBHC												
		Cascadia Behavioral Health	Columbia Community Mental Health	Community Counseling Sol John Day	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
General satisfaction	13. I like the services that I received here	4.2	4.1	-	-	4.3	4.1	4.1	4.2	4.0	-	-	4.2	4.1
	14. If I had other choices, I would still get services from this agency	4.2	4.0	-	-	4.1	3.9	4.0	4.0	3.9	-	-	4.1	4.0
	15. I would recommend this agency to a friend or family member	4.1	4.0	-	-	4.2	4.0	4.0	4.2	3.9	-	-	4.1	4.1
Outcomes	01. I deal more effectively with daily problems	3.5	3.6	-	-	3.6	3.8	3.7	3.7	3.5	-	-	3.6	3.7
	02. I am better able to control my life	3.4	3.5	-	-	3.6	3.7	3.5	3.7	3.5	-	-	3.5	3.6
	03. I am better able to deal with crisis	3.3	3.5	-	-	3.5	3.6	3.5	3.6	3.4	-	-	3.6	3.6
	04. I am getting along better with my family	3.5	3.6	-	-	3.8	3.7	3.8	3.7	3.6	-	-	3.6	3.7
	05. I do better in social situations	3.3	3.4	-	-	3.2	3.5	3.3	3.5	3.2	-	-	3.4	3.4
	06. I do better in school and/or work	3.0	3.3	-	-	3.2	3.5	3.2	3.5	3.2	-	-	3.5	3.4
	07. My housing situation has improved	3.3	3.3	-	-	3.4	3.5	3.5	3.5	3.2	-	-	3.2	3.6
08. My symptoms are not bothering me as much	3.0	3.1	-	-	3.2	3.4	3.2	3.4	3.0	-	-	3.4	3.4	
Participation	23. I felt comfortable asking questions about my treatment and medication	4.2	4.0	-	-	4.0	4.2	4.1	4.1	4.1	-	-	4.1	4.0
	29. I, not staff, decided my treatment goals	4.1	3.9	-	-	3.8	4.0	3.8	3.9	3.6	-	-	4.0	3.9
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	4.2	4.0	-	-	4.2	4.2	4.3	4.2	4.0	-	-	4.0	4.1

Domain	Question	CCBHC												
		Cascadia Behavioral Health	Columbia Community Mental Health	Community Counseling Sol John Day	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	24. I felt free to complain	4.0	4.0	-	-	4.0	4.0	4.0	4.0	3.8	-	-	3.8	3.8
	25. I was given information about my rights	4.3	4.3	-	-	4.3	4.2	4.2	4.2	4.3	-	-	3.9	4.3
	26. Staff encouraged me to take responsibility for how I live my life	3.9	4.0	-	-	4.1	4.2	4.0	4.1	4.1	-	-	4.1	4.1
	27. Staff told me what side effects to watch out for	3.8	3.8	-	-	4.0	3.9	3.8	3.9	3.9	-	-	3.9	4.0
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	4.4	4.3	-	-	4.4	4.5	4.2	4.3	4.3	-	-	4.3	4.3
	30. Staff were sensitive to my cultural background (race, religion, language)	4.2	4.1	-	-	4.2	4.3	4.2	4.2	4.1	-	-	4.2	4.1
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	4.0	3.9	-	-	4.1	4.1	3.8	4.0	3.8	-	-	4.3	4.0
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	3.9	4.0	-	-	4.1	4.0	3.7	3.8	3.8	-	-	4.0	4.1
Social connectedness	34. I am happy with the friendships I have	3.6	3.8	-	-	3.9	3.7	3.8	3.8	3.5	-	-	3.8	3.8
	35. I have people with whom I can do enjoyable things	3.8	4.0	-	-	4.0	3.9	3.9	3.9	3.6	-	-	4.2	3.9
	36. I feel I belong in my community	3.1	3.3	-	-	3.5	3.4	3.3	3.4	3.1	-	-	3.9	3.3

Domain	Question	CCBHC												
		Cascadia Behavioral Health	Columbia Community Mental Health	Community Counseling Sol John Day	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	37. In a crisis, I would have the support I need from family or friends	3.7	3.8	-	-	4.1	3.9	4.0	4.0	3.6	-	-	4.0	3.9